Unannounced Inspection Report: Independent Healthcare

The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre, Huntercombe Properties (Frenchay) Limited, Wishaw

8–9 August 2018
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www.healthcareimprovementscotland.org

Healthcare Improvement Scotland Unannounced Inspection Report
1 About our independent healthcare inspections

Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection and review activity.

The quality of care approach and the quality framework together allows us to provide external assurance of the quality of healthcare provided in Scotland.

- **The quality of care approach** brings a consistency to our quality assurance activity by basing all of our inspections and reviews on a set of fundamental principles and a common quality framework.

- **Our quality of care framework** has been aligned to the Scottish Government’s *Health and Social Care Standards: My support, my life* (June 2017). These standards apply to the NHS, as well as independent services registered with Healthcare Improvement Scotland and the Care Inspectorate. They set out what anyone should expect when using health, social care or social work services.

- The framework has areas of focus called domains. Each domain has a number of quality indicators. These cover all aspects of a service’s work to improve the quality of care provided for all users of services.

How we inspect independent healthcare services

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services (see table of inspection grades in Section 2). However, depending on the scope and nature of the service, we may look at additional quality indicators.

What we look at

We want to find out:

- what key outcomes the service has achieved and how well the service meets people’s needs
- how well the service is delivered and managed
- if the service is safe, and
- how well the service is led.
Independent healthcare services also submit an annual return and self-evaluation to us. We use this information and our service risk assessment to determine the risk level of the service. This also helps us to decide the frequency of inspection and which additional domains and quality indicators we will inspect.

After our inspections, we publish a report on how well a service is performing against the domains and quality indicators.

More information about the quality framework and quality of care approach can be found on our website: 
2 A summary of our inspection

About the service we inspected

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people aged 16 years and above with a brain injury or other complex neurological conditions.

Located in the grounds of Murdostoun Castle near Newmains, the hospital is a single-storey building with single room accommodation. Healthcare services are provided for up to 21 people.

About our inspection

We carried out an unannounced inspection to The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre on 8–9 August 2018. We spoke with a number of staff, patients and carers during the inspection. The inspection team was made up of two inspectors.

What we found

What the service did well
The service had good systems in place to allow patients and carers to contribute to its evaluation and development. An audit programme was in place which allowed staff to monitor the quality of care.

What the service needs to improve
The provider must make sure the medication or treatment room is safe to allow medication to be stored and prepared safely. The accommodation used to support patients returning home or to a community setting should be refurbished to make sure the environment is safe and patients’ needs are met.

The provider must make sure that any company policies accurately refers to Scottish legislation.

Inspection grades

For The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre, the following grades have been applied to the three key quality indicators. Additional quality indicators were inspected against during this inspection.
Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality indicator</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Impact on patients, service users, carers and families</td>
<td>2.1 - Patients and service user experience</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>5 - Safe, effective and person-centred care delivery</td>
<td>5.1 - Safe delivery of care</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>9 - Quality improvement-focused leadership</td>
<td>9.4 - Leadership of improvement and change</td>
<td>Good</td>
</tr>
</tbody>
</table>

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.

More information about grading and grading history of individual services can be found on our website at: www.healthcareimprovementscotland.org/our_work(inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

What action we expect Huntercombe Properties (Frenchay) Limited to take after our inspection

This inspection resulted in three requirements and four recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 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.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/our_work(inspecting_and_regulating_care/independent_healthcare.aspx.

Huntercombe Properties (Frenchay) 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 The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre for their assistance during the inspection.
3 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 9–10 October 2017

Requirement
*The provider must ensure staff are aware of the correct procedure for storage of gas cylinders. All cylinders must be stored safely.*

Action taken
We saw that the cylinders were safely stored. This requirement is met.

Requirement
*The provider must ensure that regulators have access to all staff files.*

Action taken
We had no difficulty in accessing and inspecting all the files that we asked for. This requirement is met.

Requirement
*The provider must ensure that all staff receive a yearly appraisal.*

Action taken
This is reported under Domain 7 – Workforce management and support. This requirement is not met (see requirement 3).

Requirement
*The provider must ensure that any serious incidents are sent to Healthcare Improvement Scotland as a notification.*

Action taken
We saw that the service had tried to send notifications to Healthcare Improvement Scotland before our inspection which we had not received. After some further guidance, the notifications were received. This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 9–10 October 2017

Recommendation
We recommend that the service should amend its complaints procedure to make it explicitly clear that Healthcare Improvement Scotland can be contacted by a complainant at any stage of the procedure.

Action taken
This is reported on in Domain 2 - Patient and service user experiences. This recommendation is not met (see requirement 1).

Recommendation
We recommend that the service should ensure that only people with the legal authority sign consent forms.

Action taken
From staff training and file auditing, we saw that the service had complied with this recommendation. This recommendation is met.

Recommendation
We recommend that the service should ensure that it responds to patient views. This is in regard to the provision of recreational activities.

Action taken
We saw that the provision of recreational activities was discussed at every ‘Your say’ group. The director informed us that while recreational activities were dependent on some patients’ ability to participate, they will continue to be monitored. We saw that the service now has service user experience groups. Any decisions made at a previous meeting were fed back. This recommendation is met.

Recommendation
We recommend that the service should review the design and use of its current treatment room to ensure it complies with current guidance and standards.

Action taken
This is reported on in Domain 5 - Patient and service user experiences. This recommendation is not met (see requirement 2).
Recommendation
We recommend that the service should identify and assess all its clinical hand wash basins against current guidance. Non-compliant clinical hand wash basins should be upgraded using a risk-based plan that takes into account the use of the basin and its design.

Action taken
This is reported on in Domain 5 - Patient and service user experiences. This recommendation is not met (see recommendation c).

Recommendation
We recommend that the service should review housekeeping and clinical cleaning schedules. The cleaning schedules should provide staff with clear instructions on the cleaning required, when it is to be done and create an accurate record of the cleaning completed.

Action taken
We saw the estates manager had developed cleaning schedules. These were displayed in all areas and staff understood them. The guidance helped staff to maintain a clean environment which minimised the spread of infections. This recommendation is met.

Recommendation
We recommend that the service should develop infection prevention information leaflets for patients and visitors to raise awareness. These leaflets should be readily available.

Action taken
This is reported on in Domain 5 - Patient and service user experiences. This recommendation is not met (see recommendation b).

Recommendation
We recommend that the service should ensure all induction packages are completed in full.

Action taken
We saw that each new employee was given an induction booklet and a mentor to help complete it. As a condition of passing their probationary period, each employee had to have all competencies signed off as completed successfully. This recommendation is met.
Recommendation
We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s Safer recruitment through better recruitment (2007).

Action taken
We saw that the service’s quality assurance audits were in line with the guidance. This recommendation is met.

Recommendation
We recommend that the service should review how feedback is provided to staff after any incidents or concerns have been raised.

Action taken
We saw that this area was fed back in team meeting minutes and displayed on staff noticeboards. This recommendation is met.

Recommendation
We recommend that the service should ensure that regular team and wider staff meetings take place and a record is kept.

Action taken
We saw the minutes from team meetings. This recommendation is met.

Recommendation
We recommend that the service should develop team-building initiatives to improve relationships and support staff to identify ways to improve inter team working.

Action taken
We saw initiatives that had been introduced to address this recommendation. Multidisciplinary team meetings had been helpful. From speaking with all staff groups, we were told that they had a better understanding of each team’s challenges. This recommendation is met.
Recommendation
We recommend that the service should ensure that all legislation relating to Scottish law is correctly referenced.

Action taken
This recommendation is reported under Domain 2 - Patient and service user experiences. This recommendation is not met (see requirement 1).

Recommendation
We recommend that the service should ensure a local system of audit which is not covered by the corporate audit tool is implemented.

Action taken
The service had made changes to its audit system which took care of local needs. This recommendation is met.
4 What we found during our inspection

4.1 Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people’s needs.

Domain 2 – Impact on patients, service users, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

What we found - Patients and service user experiences

A copy of the service’s participation policy was clearly displayed in the entrance hall to help inform relatives and carers. The policy states that the service ‘intends to ensure that patients are fully involved in all aspects of the day to day running of the hospital’ and that patients’ ‘rights of choice are provided and respected at all times.’

The procedures for gathering patient views start with a comprehensive assessment. A member of the team who is a specialist in the area of care noted in the referral, visited the patient in hospital or at home. Each patient’s needs were assessed and expert support planned to help meet them. After admission, another assessment helped make care plans in line with patients’ expectations and choices.

Other methods used to gather patient views included patient surveys, multidisciplinary team review meetings and ‘your say’ focus groups. We saw that the hospital now had a service user experience group. The group fed back its thoughts on the quality of care in the service and any improvements that could be made. Any concerns raised at the previous meeting were answered.

A large amount of the hospital’s patients had communication difficulties. The service explained how it asked relatives and carers to share patient’s likes or dislikes and other guidance to manage the patient’s needs. Staff used non-verbal communication skills to help each patient share their thoughts and to allow them to make choices.

We saw that the culture of participation in the hospital made sure that the patients could make their own choices. For example, patients had a choice of meals, were given assistance to make their own and could decide where to eat.
them. Patients could also personalise their own room and one patient had been able to follow a personal fitness routine.

The hospital arranged trips and listened to patient views on them through the Your Say group. The service told us it would arrange a visit from a representative of the patient’s choice if they had a religious or spiritual belief.

Patients’ relatives could attend the brain injury awareness and family support sessions. This allowed relatives to ask questions and learn more about meeting their relative’s needs.

We saw that the service monitored the recreational needs of its patients, usually through the ‘Your say’ group. Minutes of the ‘Your say’ group showed that completed action plans were fed back and patient comments discussed. Patient views were also recorded when they attended multidisciplinary review meetings. We saw that patients’ relatives and carers were invited to take part in this process.

We had conversations with the patients individually and in groups. We asked them to comment on their experiences in the hospital and the choices they could make. Most patients were complimentary about the food. We discussed recreational activities and the patients reported that it could be boring and visiting times meant it was very difficult to arrange evening and weekend activities. They also reported that some planned activities were poorly attended.

Patients we spoke with liked the flexible visiting time arrangements and felt that the staff listened to them. Each patient had a named nurse and key worker, so staff had a more comprehensive understanding of their needs.

What needs to improve
The service’s patient information did not state that a complaint can be made at any time to Healthcare Improvement Scotland. The information documents given to patients, relatives or carers incorrectly referred to English legislation (requirement 1).

We saw the results of the March 2018 patient and relative’s participation survey. The provider has two sites on the Murdostoun campus; The Murdostoun Brain Injury Rehabilitation Centre and a care home service which the Care Inspectorate regulates. The report combined the results from both services, which made it difficult for the service to see what it is doing well or how it could improve.
Requirement 1 – Timescale: by 28 November 2018

- The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

4.2 Service delivery

This section is where we report on how well the service is delivered and managed.

Domain 5 – Safe, effective and person-centred care delivery

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

What we found - Safe delivery of care

The service implemented a health and safety quality assurance plan which helped staff to promote a safe and secure environment. Designated staff with a key role in appropriate areas carried out a range of audits to support the quality assurance plan. For example, the estates manager completed the health and safety audit and the senior charge nurse carried out the infection control audit. All staff had a responsibility to minimise risks and report concerns quickly so that early interventions could improve patient safety.

Staff met frequently to share information about potential risks in the service and outcomes of audits, so everyone promoted a culture which put patient safety at the centre of care.

The service employed a health and safety expert who oversaw its environmental risk management. The health and safety audit programme demonstrated frequent environmental assessments carried out and action plans in place to manage risks identified. For example, the minibus was said to have been serviced but no service report could be found. This triggered a high risk alert on the audit tool and a service-completion certificate was sought from the service company. We were advised that the mini bus would not have been used unless service confirmation was available.
The senior charge nurse was responsible for the managing and prevention of infections in the service. All staff completed infection control training as part of their induction and as part of their ongoing learning and development. The estates manager also supported staff to follow best practice in infection control. Cleaning schedules had been implemented for all areas of the service since our October 2017 inspection. The schedules gave housekeeping staff tailored guidance to help them keep the environment clean and tidy. Good compliance with infection prevention and control measures in most areas of the service demonstrated that staff understood how to protect patients from hazards.

Patients’ rooms were clean and tidy with plenty storage which helped to ensure belongings were stored appropriately. Patients were able to bring items in from home to help make them more comfortable.

We visited several patients in their rooms and other areas of the service. All of the patients we spoke to said they felt safe in the service:

- ‘I am well looked after here, the staff are really nice.’
- ‘I am treated like a king here, I like it here.’

A hydro pool in the hospital had not been in use until recently. We were told that problems with the maintenance contractor had meant the maintenance programme for the pool had stopped. However, a new contractor had been employed to support health and safety and patients were enjoying regular use of the pool again:

- ‘My favourite thing is the pool. I can swim when I like, I usually go twice a week.’

Some patients were more vulnerable than others and at risk of absconding. To minimise these risks, entry in to the service was key-coded. The staff made sure vulnerable patients were observed every 15 minutes to minimise absconding risks. A ratio of one member of staff to each patient was recommended on any trips out of the service for maximum patient safety. The vulnerable adults policy also gave staff extra guidance to maintain patient safety and raise concerns. Several other policies also had guidelines and procedures to help staff create a safe environment. The infection control policy and medications policy provided best practice guidance which staff found helpful.
What needs to improve

An untidy and disorganised medicine preparation room gave staff less space to dispense medications. Empty storage boxes stored on the window ledge allowed less natural light in to the room. Clinical waste should be disposed of in a separate bin to minimise risk associated with the spread of infection. However, we found domestic and clinical waste in the general bin. Items which should have been discarded in the bins were left out and we found a pouch of tobacco which was not suitably stored or labelled with the patient’s name. The bin used for disposing sharps was not signed on opening. Stains on the floor looked unsightly and increased risks associated with the spread of infection (requirement 2).

Wash hand basins in the service were not complaint with Scottish Health Technical Memorandum (SHTM) 64. This meant risks relating to the spread of infection were compromised (recommendation a).

The service had not developed infection prevention information leaflets for patients and visitors to raise awareness (see recommendation b).

The independent living area was a room designed to support patients being discharged home or into a suitable community environment. While the room had recently been painted, some furniture was needed to be replaced. The room was uninviting and was unlikely to inspire patients towards independent living (recommendation c).

Signage around the service could be better. Communal areas were not visible unless doors were left open, so patients with cognitive impairment could have difficulty finding their way around the service and accessing some areas. Visitors would also benefit from more signage around the service.

The garden had been landscaped in the past and established shrubs surrounded two seating areas. Regular maintenance would improve the garden’s appearance.

Requirement 2 – Timescale: immediately on receipt

- The provider must ensure that the medication preparation room is clean and organised to ensure risks associated with the spread of infection are minimised and medication can be stored and prepared safely. In order to achieve this the staff must:

  a) Ensure surfaces, window ledges and floors are clean free from clutter.
  b) Ensure all general and clinical waste are disposed of in appropriate bins.
**Recommendation a**
- We recommend that the service should identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service.

**Recommendation b**
- We recommend that the service should develop infection prevention information leaflets for patients and visitors to raise awareness. These leaflets should be readily available.

**Recommendation c**
- We recommend that the service should refurbish the independent living area to ensure items which are damaged are replaced and the environment supports patients to become actively involved in person-centred discharge preparation and planning.

**What we found - Patient or service user assessment and management**
Patient care was recorded using electronic and written care records. Electronic records contained information about how patients’ needs were met daily. Written records contained assessment tools which helped staff to manage patient’s care and safety. All patients had falls risk assessments carried out on admission and those at risk had suitable care plans with interventions to minimise risks in place. As part of our inspection, we reviewed five patient care records. The records demonstrated that patients’ needs were assessed individually and person-centred care plans were implemented to meet their needs.

The director told us that staff knew some families were unable to attend patient care meetings and so could not help to develop care plans. To improve family and carer involvement, staff had started phoning them to arrange a suitable time to share information and be part of the patient’s care plan.

The service’s duty of candour policy stated that the provider was committed to making sure that the care and treatment of patients, families and staff reflected their individual needs. It also stated that any clinical or non-clinical errors which cause moderate or severe harm would be investigated in an open and structured way. Any parts of care causing concern were assessed and the duty of candour policy was triggered where necessary.
No requirements.
No recommendations.

Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

What we found - Staff recruitment, training and development
The Huntercombe Group, the provider, had very good systems in place for staff recruitment and induction. Any available posts were advertised on the internet or locally.

We examined staff files of seven recently-recruited employees. The files were well organised and easy to follow. Each interviewee had submitted an application form, had an occupational health check and a Protecting Vulnerable Groups (PVG) Disclosure Scotland registration number. All had submitted two references that the hospital had followed up. Those who belonged to a professional organisation had their registrations checked before being employed.

Two senior members of staff interviewed applicants, recording the questions asked and the responses given. The responses were graded and the scores totaled at the end of the interview.

We saw an employee induction pack that contained information specific to their role, the expectations of the service and an employee handbook. Staff told us that their induction periods had been a positive experience. They had observed the different departments in the hospital to help give an overview and understanding of how they worked together. Each new member of staff was given a mentor and staff had to complete a task checklist before their induction period was signed off.

The hospital had policies in place that supported the ethos of respect. Mandatory staff induction training included:

- encouraging independence
- equality and diversity
- person-centred care approach
• privacy and dignity, and
• rights and choice.

The service had a whistle-blowing, bullying and harassment policy.
We observed staff working with patients in a person-centred way.

The service had a staff training plan in place and each staff group had a series of training modules to complete every year. The service reported that it had a compliance rate of over 90% in the completion of mandatory training modules up to August 2018. However, the provider had introduced three extra modules in August which reduced the compliance rate. We saw the compliance rates and accept that the service was making good progress.

We saw that the service kept a record of doctors’ revalidation dates, registration and license history and the designated revalidation body and officer.

The hospital was supporting one healthcare worker to complete registered nurse training. It was also supporting three other healthcare workers to complete ‘access to nursing’ courses. Members of staff involved with this initiative we spoke with reported that they were grateful for the opportunity and support.

**What needs to improve**
While the service had made an improvement on the number of yearly staff appraisals since our last inspection, the 73% completed was still low (requirement 3).

We spoke with members of staff from all of the disciplines. The therapy staff team reported that they could manage their time at work to include the online learning modules. Nurses and healthcare workers we spoke with told us they found this more difficult because of patients’ unpredictable day-to-day needs and lack of access to computer terminals. They could access the modules from home but as the yearly pay rise was dependent on completing the modules they felt it was unfair and put them at a disadvantage (recommendation d).

**Requirement 3 – Timescale: by 28 November 2018**
- The service must ensure that all staff receive yearly appraisals.
Recommendation d

- We recommend that the service should ensure that staff who are required to complete mandatory training modules are given adequate protected time and access to equipment to achieve this.

4.3 Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

What we found - Leadership of improvement and change

The Quality Assurance Framework (QAF), which was in addition to the quality assurance plan for the service, provided information about all aspects of audit carried out in the service, this included:

- the environment
- information sharing
- management and leadership
- the quality of care and support, and
- staffing.

The director was responsible for gathering data each week. An action plan was implemented to address identified risks in the service. Areas for development were discussed at the weekly multidisciplinary team meeting and minutes from this meeting were shared with all staff so they could contribute to improvements in the service.

We asked the director about how staff were supported to overcome challenges in the service. The example the director shared helped us to understand how the senior management team made sure staff received extra training to help them support the needs of vulnerable adults. As well as staff training, the director met with senior managers and the provider to share concerns about the service’s lack of staff. The provider gave the director of the hospital the authority to manage the service’s staffing budget and employ more staff.
Through effective leadership, the director promoted staff confidence and skills which should allow staff to meet the needs of all the patients.

The senior management team wanted staff to develop their leadership skills. The health and safety expert had mentored the estates manager to develop their audit and data analysis skills. One healthcare assistant asked if they could participate in a training programme which would allow them to deliver moving and handling training to all staff. This has now been actioned and staff receive this training as part of their induction and learning and development.

The service is paying for each healthcare worker to be registered with the Scottish Social Services Council. This requires each staff member to achieve a Scottish Vocational Qualification (SVQ) level 2 in health. The service believes that this will improve skills and knowledge in its care staff and the level of person-centred care.

Following requests from staff, the service had supported two members of staff to become nurse mentors. This allowed the service to accept student nurses on placement. Student nurses could offer the existing staff team support in achieving best practice in clinical skills and person-centred care.

We asked members of the therapy team about any contributions they had made to improve the service. They highlighted two different areas; making good use of the hydro pool. It has developed an 8-week programme which helps patients improve their physical functioning and mobility.

To identify the patients most likely to benefit from this and improve the success rate of discharged patients, the team worked more closely with referring agencies. This helped set realistic goals for when the patients are discharged and allowed the team to focus on the areas which would help them lead independent lives. To achieve this, the therapy team completed a mapping exercise to look at the skills, knowledge and any new working practices that would be required. We saw the minutes and flip charts of this process.

**What needs to improve**

The service did not have an overall strategic plan to provide assurance to staff, patients or carers and stakeholders about how the aims and objectives of the service were addressed. The director agreed to discuss this with the board and external senior managers.

- 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.

### Domain 2 – Impact on patients, service users, carers and families

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<thead>
<tr>
<th>Requirement</th>
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<tr>
<td><strong>1</strong> The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 15).</td>
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**Timescale** – by 28 November 2018

*Regulation 15(6)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

<table>
<thead>
<tr>
<th>Recommendations</th>
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<td>None</td>
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## Domain 5 – Safe, effective and person-centred care delivery

**Requirement**

2. The provider must ensure that the medication preparation room is clean and organised to ensure risks associated with the spread of infection are minimised and medication can be stored and prepared safely. In order to achieve this the staff must:

   a) Ensure surfaces, window ledges and floors are clean free from clutter.
   b) Ensure all general and clinical waste are disposed of in appropriate bins (see page 17).

   **Timescale – immediately on receipt**

   *Regulation 3(a)(d)(i)(iii)(v)*

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

**Recommendations**

a. We recommend that the service should identify all clinical hand wash basins and assess them on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk based plan that takes into account the use of the basin, its design and the wider refurbishment plans for the service (see page 18).

b. We recommend that the service should develop infection prevention information leaflets for patients and visitors to raise awareness. These leaflets should be readily available (see page 18).

c. We recommend that the service should refurbish the independent living area to ensure items which are damaged are replaced and the environment supports patients to become actively involved in person-centred discharge preparation and planning (see page 18).
## Domain 7 – Workforce management and support

<table>
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<th>Requirements</th>
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<tr>
<td><strong>3</strong> The service must ensure that all staff receive yearly appraisals (see page 20).</td>
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<tr>
<td>Timescale – by 28 November 2018</td>
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*Regulation 3(a)(d)(i)(iii)(v)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<tr>
<td><strong>d</strong> We recommend that the service should ensure that staff who are required to complete mandatory training modules are given adequate protected time and access to equipment to achieve this (see page 21).</td>
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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.

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
- the Healthcare Improvement Scotland quality framework, and
- the Health and Social Care Standards.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.
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
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net