Unannounced Inspection Report: Independent Healthcare

The Huntercombe Services – Murdoestoun Brain Injury Rehabilitation Centre
Four Seasons Health Care Properties (Frenchay) Limited | Wishaw

10 February 2012
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’), 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 these standards, the Act gives us 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 people who use services 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. You can, however, complaint
directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@nhs.net
Summary of inspection

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre (referred to as 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 with varying degrees of brain injury.

The hospital is comprised of a purpose built, single storey building with single room bedroom accommodation. Healthcare services are provided for up to a maximum of 21 people over the age of 16 years. The hospital is well equipped and provides a wide range of rehabilitation healthcare services. Healthcare is provided using a multidisciplinary team of staff which includes:

- nurses
- doctors
- occupational therapists
- physiotherapists
- psychologists, and
- speech and language therapists.

The hospital is located in the countryside grounds of Murdostoun Castle near Newmains and car-parking facilities are available. The location is not accessible by public transport.

We carried out an unannounced inspection to Murdostoun Brain Injury Rehabilitation Centre on Friday 10 February 2012.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting the Murdostoun Brain Injury Rehabilitation Centre can be found in Appendix 4.

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:

**Quality Theme 0 – Quality of information: 4 - Good**
**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**

In this inspection, evidence was gathered from different sources. This included:

- healthcare records
- staff records
- policies and procedures
- risk assessments, and
- information leaflets.
We had discussions with a variety of people including:

- the regional manager
- the hotel services manager
- registered nurses
- care assistants
- an occupational therapist
- an assistant psychologist, and
- two people who use the service.

During the inspection we took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. We viewed the following areas of the hospital premises:

- the reception and arrival area
- a sample of people’s bedrooms
- communal lounges
- the assisted daily living kitchen
- the hydrotherapy swimming pool area
- toilets
- shower rooms
- bathrooms, and
- a linen room.

The inspectors spoke informally to two people who use the service. Both people spoke positively about the service provided.

Overall, we found evidence at Murdostoun Brain Injury Rehabilitation Centre that:

- people who use the service are provided with individualised care within a structured model of care, treatment and support, and
- people are cared for by a committed and dedicated multidisciplinary healthcare team.

We did find that improvements are required in specific areas which include:

- the need to ensure that people’s healthcare records are fully completed in all areas
- ensuring that the hospital environment is being repaired and maintained to a satisfactory standard, with particular attention given to communal toilets, shower rooms and bathrooms
- maintaining a consistent level of cleanliness throughout all areas of the hospital
- reviewing the use and storage of personal cleansing products
- reviewing the management of clean and soiled linen
• ensuring that all required pre-employment information is being obtained when recruiting new members of staff, and
• ensuring that staff supervision is taking place and being fully recorded.

This inspection resulted in four requirements and four recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

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

We would like to thank all staff at the Murdostoun Brain Injury Rehabilitation Centre for their assistance during the inspection.
3 Key findings

Quality Theme 0

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

Grade awarded for this statement: 4 - Good
Where people who use the service had been assessed as lacking capacity and were unable to make decisions, there was evidence that the appropriate documentation had been completed in line with the Adults with Incapacity (Scotland) Act 2000. These records included review dates and there was evidence that reviews had taken place within the specified timescales.

There was evidence in people’s healthcare records to confirm that consent had been sought in relation to consent to treatment.

Area for improvement
We found that people who were considered to have capacity to consent to treatment had the necessary consent forms in their healthcare records.

The provider’s consent to examination, treatment and advance decisions policy states that people who are unable to write, for whatever reason should be invited to make their mark on the consent form and have this witnessed by a third party. However, we noted that the person’s next of kin and not the person had signed many of the consent forms. It was not clear that these had been signed in the presence of the person.

■ No requirements.

Recommendation a
■ We recommend that Murdostoun Brain Injury Rehabilitation Centre should ensure that people who have capacity to make decisions about their care and treatment are given the opportunity to record this on consent forms. This should be witnessed and documented in line with legislation and internal policy.

This will ensure that people who have capacity to make decisions are fully involved in decision-making about their own care and treatment.
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: 3 - Adequate
Several people’s healthcare records were assessed during the inspection. A multidisciplinary healthcare assessment is carried out for each person admitted to the Murdostoun Brain Injury Rehabilitation Centre. Each person’s healthcare record had evidence of a multidisciplinary model in providing care. Each record had written evidence of input from nurses, doctors, physiotherapists, speech and language therapists and occupational therapists. All of the healthcare records consisted of health assessments, risk assessments, care and treatment plans, and progress reports. Healthcare told us about which health assessments they carried out, and how care and treatment goals were set and reviewed.

Individual health disciplines such as physiotherapists had completed detailed written records on the planned treatment, assessment and outcomes for people’s care. There was some evidence that these were personalised. For instance, we saw person-specific physiotherapy exercise information in the care plan.

There was evidence that the multidisciplinary team contributed to the written record of ongoing care and assessment of people who use the service in a collaborative manner.

There was evidence in some people’s healthcare records that there had been comprehensive communication and liaison with the next of kin. This had been considered in terms of how care and support was planned and provided for the person.

We also saw a comprehensive typed discharge summary document with detailed input from all health specialists involved in the person’s care.

Areas for improvement
Many sections of the healthcare records viewed during inspection were completed to the expected standard. Most written entries were dated, clearly written and signed. However, some documents were incomplete, dates were not clearly written, many entries had not been timed and some had not been signed by the staff member completing the paperwork.

The healthcare records assessed confirmed that the majority of sections were being completed satisfactorily by healthcare staff. However, some individual areas within the records were observed to be blank with no information recorded or only partially completed. This was particularly noticeable in some of the healthcare assessment areas. It was unclear if these blank areas had been considered by the healthcare professional carrying out the person’s health assessment or simply did not apply.

In addition, in some of the health assessments, it was not clear what the plan of care was following on from the assessment. For instance, where a Waterlow score (a pressure ulcer risk assessment and prevention tool) indicated a high risk of a person
developing a pressure ulcer, it was not easy to establish from the care plan what specific actions were to be taken to address this. Another healthcare record confirmed that a person had developed pressure ulcers. However, this was not reflected in the plan of care developed on the same day. There was also no record about the treatment or progress made in relation to these wounds. However, there was evidence that the person had been referred to the tissue viability nurse specialist for assessment.

Within some care plans, there were numerous gaps in recording care goals as complete or incomplete. Many care goals had no review date or signature attached. For instance, there was a completed form indicating a person had consented for, and received, a specific therapy. The areas of the chart prompting the expected written review at 1–14 days, 4–6 weeks and 3–4 months were all blank.

In some people's healthcare records, there was limited information recorded to reflect the individual's personal preferences. For instance, in some records, the space for personal information such as information on hobbies, social information and information on mood were left blank.

All people’s healthcare records are set out using a multidisciplinary healthcare model. It is encouraging to observe all health disciplines recording a person’s health needs and treatment progress in a single set of healthcare records. However, the observations described above in relation to blank areas and incomplete entries do not provide full assurance that healthcare records are completely up to date for each person using the service. A requirement is made (see requirement 1).

**Requirement 1 – Timescale: by 31 March 2012**

- 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 healthcare 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.

- 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**

There was good evidence at Murdostoun Brain Injury Rehabilitation Centre that arrangements are in place to monitor and review the quality of care given to people who use the service. Information is collected to analyse different aspects of people’s care and treatment which includes:

- type and severity of brain injury
- diagnosis
- physiotherapy
• mobility
• neuropsychological status
• anxiety and depression
• level of independence
• discharge plans, and
• satisfaction with the service provided.

The hospital has a clinical governance committee which includes membership from the different healthcare staff who provide care and treatment. The committee meets on a regular basis and produces an annual report. We saw the most recent report for 2010 and were told that the report for 2011 was partially completed. The 2010 report included information about risk management, staffing, education and training, complaints monitoring, accidents, and incidents.

**Area for improvement**
We acknowledge the positive clinical governance arrangements in place to monitor and review the care and treatment provided to people who use the service.

However, as described in Quality Statement 1.5 above, there are gaps in some individual healthcare records in the recording of people’s individual care reviews and treatment progress. This should be addressed in conjunction with the clinical governance arrangements, to ensure that the outcomes of regular individual reviews are being properly recorded by healthcare staff in people’s healthcare records. A requirement is made (see requirement 1).

The 2011 clinical governance report should be completed and made available without delay.

- No requirements.
- No recommendations.
Quality Theme 2

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
Murdostoun Brain Injury Rehabilitation Centre is a purpose built healthcare premises on ground floor level. All of the 20 bedrooms at the hospital are single. Some bedrooms have been upgraded and have an en-suite toilet with shower. These refurbished bedrooms have space to accommodate larger items of care equipment such as manual handling hoists and wheelchairs.

During the inspection, the following areas were assessed:

- a sample of people’s bedrooms
- communal lounges
- the assisted daily living kitchen
- the hydrotherapy pool area
- toilets
- shower rooms
- bathrooms, and
- a linen room.

The communal lounges appeared clean and comfortable. There was a selection of seating for people to use. Televisions, games and reading material were available. The communal corridor areas were wide enough to accommodate people moving around in wheelchairs.

We saw a mixture of hard (waterproof) and soft floor coverings throughout public areas and people’s bedrooms. These areas were generally clean and in good repair.

The assisted daily living kitchen had recently been refurbished and is large enough to accommodate people in wheelchairs.

There is one self-contained independent living apartment, although this was not viewed during the inspection.

Areas for improvement
Several bedrooms have a wash hand basin only, with no en-suite facilities and have still to be refurbished. It was not clear when this will happen.

We looked at communal toilets, showers rooms and bathrooms. Some of these areas were observed to be in need of repair. There was evidence of damage, staining and discolouration to some ceiling tiles, several skirting board trims and edgings had separated from the wall, a radiator edging had become loose, and a boxed in pipe cover was observed to be broken leaving a rough exposed surface. In addition, a plaster wall surface was observed to be damaged and in need of repair.
Some of the shower rooms had evidence of discoloration on wall tiles and some areas of silicone sealant were badly discoloured and uneven. There was evidence of general wear and tear to surfaces including door frames, walls and radiators throughout the hospital.

Overall, many fixtures and fittings are ageing and in varying states of disrepair. A number of areas in the hospital are in need of prompt repair. These repairs will help to maintain a safe environment for people who use the service and staff who work there. Prompt and regular maintenance will help maintain a good standard of cleanliness. A requirement is made (see requirement 2).

Requirement 2 - Timescale: by 31 May 2012

- The provider must to ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept in a good state of repair. Particular attention must be paid to communal toilets, shower rooms and bathrooms.

  This is to ensure that the premises are fit to provide an independent healthcare service.

- No recommendations.

Quality Statement 2.4
We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 3 - Adequate
The standard of cleanliness in the hospital appeared satisfactory in some areas, but could be improved in others. The majority of the accommodation areas, bedrooms, corridors and lounges appeared clean. However, there were some unpleasant odours noted in a small number of bedroom areas and communal corridor areas. There was visible contamination on some surfaces such as radiators in shower rooms.

The hospital has a hydrotherapy pool. On the day of inspection, the pool was not in use as it was awaiting repair. We were informed that it had been in use up to the previous week. The pool side was cluttered with various items of equipment and inappropriate items. Pool water testing equipment and chemical agents were noted lying unsecured on the window sill. The poolside environment was not clean. There was evidence of dirt, debris and cobwebs across surfaces, and it was not clear how staff could effectively clean such a cluttered environment.

The linen room was cluttered and untidy. Clean bed duvets were stored on the floor of the linen room. Large baskets of assorted clothing were also observed in the linen store. It was not clear if this was a communal store of spare clothing or whether this belonged to any individual people who use the service. Clean linen and clothing was observed on the floor in plastic ‘bread trays’ in the main corridor.

Areas for improvement
In Quality Statement 2.2 above, several areas of the hospital premises have been highlighted as requiring repair. These areas include some of the wall surfaces and skirting areas in toilets, shower rooms and bathrooms. When surface areas are either
damaged, discoloured or edgings have become loose, they can be difficult to clean satisfactorily. A requirement is made (see requirement 3).

We found personal cleansing products in communal bathrooms and toilets. It was not clear if these products were used on a single person use basis, or whether these were shared. One aerosol container of a person’s cleansing foam was found to be visibly contaminated with body fluids. Toiletries should be provided on a single person use basis only. It is particularly important that staff do not use shared aerosol cleansing products, as these have been implicated in outbreaks of infection.

At the time of inspection, we saw red sealed plastic bags of linen lying on or beside linen baskets in open alcove areas outside the two shower rooms. The signs displayed indicated that red bags are used for soiled or contaminated linen. Accepted best practice is that soiled or contaminated linen is stored securely whilst awaiting uplift.

**Requirement 3 – Timescale: by 31 March 2012**

- The provider must ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept clean, tidy and free from unpleasant odours.

  This is to ensure that people’s health, welfare and safety are provided for by means of appropriate systems, processes and procedures for all aspects of care and treatment.

**Recommendation b**

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should review the use and storage of personal cleansing products for people who use the service to ensure that such products are not shared. This will minimise the potential risk of cross infection.

**Recommendation c**

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should review its management of linen to ensure that soiled or contaminated linen is stored securely whilst awaiting uplift. This will minimise the potential risk of cross infection.
Quality Theme 3

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 3 - Adequate
Six staff personnel files were assessed during the inspection. There was evidence within each staff record that some of the expected pre-employment recruitment information had not been obtained. Out of the six staff files assessed, the following items of information were noted to be missing:

- only one pre-employment reference had been obtained for one member of staff
- three members of staff did not have evidence of formal identification
- three members of staff did not have evidence of an induction period when starting work
- one member of staff did not have evidence of having a criminal disclosure check carried out, and
- three members of staff did not have a written record of their interview taking place.

Areas for improvement
The majority of the expected pre-employment information was observed in the six staff files that were assessed. However, the above areas of missing information should be reviewed to ensure that all required items of recruitment information are obtained.

   ■ No requirements.

Recommendation d
■ We recommend that Murdostoun Brain Injury Rehabilitation Centre should review its staff recruitment processes. This is to ensure that all pre-employment information is fully obtained for each member of staff and kept on file for reference.

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: 2 - Weak
Murdostoun Brain Injury Rehabilitation Centre told us in their completed self-assessment that all staff receive supervision every 6–8 weeks.

The staff files have a section where a record of supervision should be stored. Out of the six staff files we looked at, we found limited documentary evidence that supervision was taking place. In one staff file, we saw evidence of a written supervision agreement. However, the record was incomplete, and did not provide details about the outcomes or that regular supervision meetings were taking place.
Areas for improvement
We noted that staff supervision meeting dates had been planned. However, the current arrangements for staff supervision should be reviewed as there is limited evidence that regular supervision sessions are actually taking place.

When we spoke to staff, we were not fully assured that regular supervision was taking place as often as the completed self-assessment stated. A requirement is made (see requirement 4).

Requirement 4 – Timescale: by 31 May 2012

- The provider must ensure that a framework for staff supervision is in place at Murdostoun Brain Injury Rehabilitation Centre and being implemented on a regular basis, with clear documentary evidence.

  This is to confirm that individual staff supervision sessions are being planned, fully recorded, kept on file for reference confirming that staff development and clinical practice reviews are taking place.

- 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 or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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 0.3

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<td><strong>Recommendation</strong></td>
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<td><strong>We recommend that Murdostoun Brain Injury Rehabilitation Centre should:</strong></td>
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<td>ensure that people who have capacity to make decisions about their care and treatment are given the opportunity to record this on consent forms. This should be witnessed and documented in line with legislation and internal policy.</td>
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<td>This will ensure that people who have capacity to make decisions are fully involved in decision-making about their own care and treatment.</td>
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### Quality Statement 1.5

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<th>The provider must:</th>
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<tr>
<td>1</td>
<td>ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.</td>
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<td>This is to ensure that each person who uses the healthcare 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.</td>
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<td><em>SSI 2011 No. 182 - Regulation 4(2)</em></td>
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<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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**National Care Standard 14.5 - Information held about you (Independent Hospitals)**

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**Quality Statement 1.7**

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**Quality Statement 2.2**

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<td>The provider must:</td>
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2. ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept in a good state of repair. Particular attention must be paid to communal toilets, shower rooms and bathrooms.

This is to ensure that the premises are fit to provide an independent healthcare service.

Timescale – by 31 May 2012

SSI 2011 No. 182 - Regulation 10
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard 15 – Your environment (Independent Hospitals)

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<th>Recommendations</th>
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## Quality Statement 2.4

**Requirement**

The provider must:

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<th>ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept clean, tidy and free from unpleasant odours.</th>
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This is to ensure that people’s health, welfare and safety are provided for by means of appropriate systems, processes and procedures for all aspects of care and treatment.

**Timescale** – by 31 May 2012

*SSI 2011 No. 182 - Regulation 10(1), 10(2)(b)*

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

*National Care Standard 15 – Your environment (Independent Hospitals)*

### Recommendations

We recommend that Murdostoun Brain Injury Rehabilitation Centre should:

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<th>review the use and storage of personal cleansing products for people who use the service to ensure that such products are not shared. This will minimise the potential risk of cross infection.</th>
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<th>c</th>
<th>review its management of linen to ensure that soiled or contaminated linen is stored securely whilst awaiting uplift. This will minimise the potential risk of cross infection.</th>
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## Quality Statement 3.2

**Requirements**

None.

**Recommendation**

We recommend that Murdostoun Brain Injury Rehabilitation Centre should:

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<th>review its staff recruitment processes. This is to ensure that all pre-employment information is fully obtained for each member of staff and kept on file for reference.</th>
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**Quality Statement 3.3**

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<tr>
<td>The provider must:</td>
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<td>4</td>
<td>ensure that a framework for staff supervision is in place at Murdostoun Brain Injury Rehabilitation Unit and being implemented on a regular basis, with clear documentary evidence.</td>
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This is to confirm that individual staff supervision sessions are being planned, fully recorded, kept on file for reference confirming that staff development and clinical practice reviews are taking place.

**Timescale** – by 31 May 2012

**SSI 2011 No. 182 - Regulation 12**

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

*National Care Standard 10 – Staff (Independent Hospitals)*
Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting 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 people who use the services. We will publish a written report 6 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:

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<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
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<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.
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 people’s 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.

Appendix 3 – Inspection process flow chart

Prior to inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

During inspection visit
- Self-assessment submission is reviewed to inform and prepare for on-site inspections
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service
- Report published
- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Murdostoun Brain Injury Rehabilitation Centre was conducted on Friday 10 February 2012.

The inspection team consisted of the following members:

Gerry Kennedy
Lead Inspector

Lindsay Guthrie
Associate 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)

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

**Telephone:** 0131 662 8283

**Email:** [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.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 key components of our organisation.