

Unannounced Inspection Report: Independent Healthcare

Scottish Epilepsy Centre | Quarriers | Glasgow

18 June 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

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2 Summary of inspection

The Scottish Epilepsy Centre is the only residential assessment and treatment centre in Scotland for adults with epilepsy. The service was previously located in Quarriers Village near Bridge of Weir and moved to new purpose-built facility located close to the Institute of Neurology at Glasgow's Southern General Hospital in April 2013. The most up-to-date diagnostic and monitoring technology has been incorporated into the building design.

The centre has 12 residential assessment beds and 10 day patient places. There are carers' rooms available to allow overnight stays. More people can now be referred to the facility, including people with more complex forms of epilepsy and support needs. People who use the service can stay in the centre between 2 to 49 days. The average length of stay for people who use this service is 25 days.

The centre has developed a sleep disorder assessment service. People who come to the centre to participate in sleep studies may not have epilepsy or epilepsy-associated conditions.

There is a specialist team of staff who work in the Scottish Epilepsy Centre. The team consists of:

- consultant neuropsychiatrist
- consultant neurophysiologist
- consultant neuropsychologist
- epilepsy specialist nurse, and
- 24-hour skilled nursing and support team.

The service aims to provide flexible, person-centred outpatient and inpatient care.

We carried out an unannounced inspection to the Scottish Epilepsy Centre on Tuesday 18 June 2013. This was our first inspection of the service since the transfer to the new premises.

We assessed the service against four Quality Themes related to the National Care Standards and inspected the following areas:

- the reception and arrival area
- general corridor areas
- outpatient department
- a sample of patient bedrooms and bathrooms
- communal areas
- kitchen
- laundry, and
- the sluice room.

We spoke with a variety of people employed at the Scottish Epilepsy Centre including:

- the head of epilepsy services
- the clinical nurse specialist

- a consultant neuropsychiatrist
- the accommodation and events manager
- two registered nurses, and
- domestic staff.

During this inspection, we looked at a number of documents including:

- information leaflets
- hospital website
- patient care records
- patient satisfaction questionnaires
- policies on adult protection, recruitment and complaints
- minutes from meetings
- clinical governance report
- risk assessments
- complaints policy/incident recording and management
- duty rotas
- medication audits
- care plan audits, and
- supervision notes.

We spoke confidentially with four patients and a carer who were using the service, all of whom expressed satisfaction with the support and standard of care. The following are some of the comments offered.

- 'It has been a very good experience. Things have been explained to me.'
- 'Staff are interested in my point of view. They listen to me. I feel safe here.'
- 'The staff have explored my fears with me and given me support.'
- 'There have been some teething problems but they are being resolved. They are very good. If you come back in a year they will be excellent.'
- 'Staff are good. I was made to feel welcome.'
- 'It is a lot different from the previous accommodation. It is more clinical and less homely, however there is better equipment and it is easier to get to.'
- 'I have confidence in the staff. Everything has been explained to me.'
- 'I feel we very much work together with the staff. My views have been taken into account.'

When we visited different areas of the centre, we also observed how staff worked and cared for people who use the service.

We reviewed the provider's annual return and self-assessment. These are documents that all independent healthcare providers must submit to Healthcare Improvement Scotland on an annual basis. These tell us about the service and how well the service believes it is performing against the National Care Standards.

The inspection team was made up of two inspectors with support from a project officer. 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 Scottish Epilepsy Centre can be found in Appendix 4.

Based on the findings of this inspection this service has been awarded the following grades (more information on grading can be found on page 21):

Quality Theme 1 – Quality of care and support: 5 - Very good

Quality Theme 2 – Quality of environment: 5 - Very good

Quality Theme 3 – Quality of staffing: 5 - Very good

Quality Theme 4 – Quality of management and leadership: 5 - Very good

Overall, we found evidence in the Scottish Epilepsy Centre that:

- the accommodation is purpose built, incorporating the most up-to-date diagnostic and monitoring technology
- people who use the service continue to be encouraged and supported to give their views and be involved in all aspects of their care while they are in the centre
- there was a commitment to the provision and continuous improvement of a safe and effective service tailored to meet the individual health and welfare needs of people, and
- staff are motivated, enthusiastic and appear to enjoy the work they do.

We found that improvements were needed in specific areas.

- All complaints material available to staff and to people who use the service should be updated to make sure the correct regulator, Healthcare Improvement Scotland, is referenced. This will ensure that staff and people who use the service know who to contact when making complaints about the service.
- Medication and nursing care plan audits should be carried out within the service's expected timescale.
- Policies and procedures to guide and direct staff should be updated.

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

Quarriers, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at the Scottish Epilepsy Centre for their assistance during the inspection.

3 Progress since last inspection

What the provider has done to meet the recommendation we made at our last inspection on 20 February 2013

Recommendation a

The provider should review and update all complaints material available to people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.

Action taken

We saw there was information about Healthcare improvement Scotland's complaints procedure at the reception area. While we also saw generic complaints leaflets from Quarriers available at the main entrance, these had not been updated to reflect the correct regulator. Some of the reference documentation available to staff also made reference to the previous regulator, the Care Commission, rather than Healthcare Improvement Scotland. We have referred to this in Quality Statement 1.1. This recommendation has not been met.

4 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: 5 - Very good

We found very good evidence that people who use the service and their carers participate in assessing and improving the quality of care and support provided by the service.

There is a participation strategy in place which had been developed in consultation with people who use the service.

We looked at the service's website (www.scottishepilepsycentre.org.uk). The website is easy for people to use and to find information. The website includes information for people using the service and for health professionals. People had recorded and shared individual experiences.

An information leaflet for the service is also available. This details some of the same information available on the website. Information about specific conditions and treatments is also available, such as leaflets explaining about electroencephalogram (EEG) tests (which record the electrical activity in the brain).

We saw that the design of the new building had been informed by the views of people who use the service. People told us they had been offered the choice of being admitted to Quarriers Village near Bridge of Weir or to wait until the service moved to Glasgow. Some people told us they had decided to wait and were glad they had chosen to do this because it is easier to get to.

We saw from talking with people who use the service that the key values of the service, for example providing flexible person-centred care, listening and taking time to understand what people want, were implicit in the work of the centre. We found that clinical decisions, personal care needs and future goals for each individual are negotiated and discussed on a daily basis. People who use the service appeared to be at the heart of decision-making about planning their care, providing a person-centred approach.

The epilepsy specialist nurse sees all patients for an outpatient appointment before they are admitted to the centre. At this meeting, they will agree with individuals their treatment plan. This is to make sure that the each person understands the reason for their admission and what the centre is hoping to help them achieve in terms of outcomes. People who use the service told us this helped to alleviate their concerns about coming to stay in the centre. Consent is also obtained from the individual about the sound and visual recording that will take place during their admission to the centre. We saw this detailed in care documentation. People who use the service are also offered the opportunity to visit the service for a tour before they are admitted. Some people we spoke with had done this and said they had found it helpful.

We saw evidence of regular patient meetings, which are leading to changes in service provision. These are held approximately every 4 weeks. At each meeting, we saw that people who use the service are asked if they feel involved in their care and if they have any suggestions on how this can be improved. The meetings are also attended by the service

co-ordinator/manager and deputy manager. This means that any issues identified by people who use the service can be shared with the wider staff team. People who use the service told us that they felt they were listened to and action was taken in response to issues raised. For example, we were told that someone had asked for a tuck shop and this was in place the next day.

We saw that 'Have Your Say' cards are available to allow people the opportunity to give their views on the service.

We were told that surveys were carried out. We saw survey forms and action detailed from comments made. We saw patient feedback being used to inform service planning.

People we spoke with talked positively about feeling involved in the planning of their care and that they were given good information about their treatment which was presented in a way that they could understand.

Weekly meetings are held with people who use the service to discuss their individual care. People are allocated a named nurse each day which means there is always a named person available to discuss any issues that might arise. Patient contact sheets are held within the nursing documentation to record discussions about individual care and assessment.

Staff spoke about the importance of involving people who use the service in their care and day-to-day life.

We saw the complaints policy. People spoken with who used the service said they had no complaints, but if they had any they would feel comfortable to raise them.

We were told that the cook meets with all people who use the service when they are admitted to the centre to discuss their dietary requirements and any likes and dislikes. We saw evidence of this in the care documentation.

Areas for improvement

The Scottish Epilepsy Centre should continue to maintain their commitment to developing services to meet the needs and wishes of people using its services.

We saw there was information about Healthcare Improvement Scotland's complaints procedure at the reception area. While we saw complaints leaflets from Quarriers available at the main entrance, these had not been updated to reflect the correct regulator. Some of the reference documentation available to staff also made reference to the previous regulator, the Care Commission, rather than Healthcare Improvement Scotland. We have made a requirement (see requirement 1).

Requirement 1 – Timescale: by 30 September 2013

- The provider must review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.

- No recommendations.

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: 5 - Very good

All people admitted to the centre are temporarily registered with a local GP practice due to the length of time they will be staying at the centre. We were told that there were good relationships with the practice and good systems in place to support this.

We looked at 11 prescription sheets. We found that they were all completed correctly. All prescriptions were legible and had been signed and dated by the prescribing doctor. The prescriptions identified the dose of the medicine as well as the frequency and method of administering. We saw that a member of nursing staff appropriately signed for all routine medication.

The service has a policy for managing medications brought in by patients and the service has developed a medicines reconciliation form as part of this process. This checks any medications a patient takes at home such as name, dosage, frequency and how the medicine should be administered. This is to make sure that any discrepancies are identified and changes to medication are documented. This is good practice and results in a complete and accurate list of medications.

The epilepsy specialist nurse is a nurse prescriber. She checks all patient prescriptions as part of her daily check of patients. This includes checking if the patient has been prescribed any medication by a GP for a condition not related to their specialist care. This is to make sure that any new medication will not interact with the patient's current specialist medication.

We were informed a medication audit is carried out every 3 months. This includes auditing that:

- prescription sheets have all patient identifiable information completed
- the dose of medication is clearly written
- medication recording sheets are completed correctly
- medication bottles are labelled correctly, and
- all controlled drugs administered are documented correctly.

There is a procedure in place which should be followed in the event of a medication error, such as failing to give a patient their medication. Staff we spoke with were aware of this procedure and what they should do if an error occurs. This includes reporting any medication errors to senior management and seeking medical advice. We saw that should an error occur this was reported to the clinical governance committee and dealt with appropriately.

We saw that staff spent time making sure that people who use the service understood and were comfortable with the medicines they were prescribed.

Areas for improvement

The Scottish Epilepsy Centre should continue to maintain the very good standard of medicines management which was demonstrated during this inspection.

We were told that medication audits should be carried out by a senior nurse and are carried out every 6–8 weeks. However, as was identified at the last clinical governance meeting, this had not been kept up to date due to sickness and was now reallocated to another nurse (see recommendation a).

- No requirements.

Recommendation a

- We recommend that the Scottish Epilepsy Centre should ensure that there is a system in place to carry out audits of drug administration records within the service's expected timescale.

Quality Statement 1.5

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

Grade awarded for this statement: 5 - Very good

We reviewed four patient care records during the inspection. We found that the documentation was comprehensive and easy to follow and gave a clear picture of individual assessment and care needs. We saw very good assessment and patient risk management as well as individual care planning.

The patient care records showed that information had been gathered from people before their admission about their healthcare needs and throughout their stay in the centre.

We saw evidence in the patient care records that people who use the service had input into their plan of care.

A comprehensive health assessment is carried out and recorded for each person. The following assessments were evident in the documentation:

- personal and intimate support
- psychological support
- patient handling plan and manual handling risk assessment
- nutritional assessment
- bed rails assessment
- seizure history
- consent forms
- patient contact sheets, and
- pressure area care.

We saw that patient care records were reviewed weekly by the multidisciplinary team. We were also informed that there was a system in place to audit the care documentation. We found that the majority of the records gave accurate up-to-date records of individualised, person-centred care.

Areas for improvement

While we found that the overall standard of record-keeping was very good, we found that there were areas in the documentation which had not been completed, for example signatures to evidence assessments were missing. It is important that all entries are signed by staff to ensure accountability. We were informed that there is an audit system in place. However, as was identified at the last clinical governance meeting, this had not been kept up to date due to sickness and was now reallocated to another nurse. We were informed that this was being addressed (see recommendation b).

- No requirements.

Recommendation b

- We recommend that the Scottish Epilepsy Centre should ensure that there is a system in place to carry out audits of patient care records within the service's expected timescale.

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: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

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: 6 - Excellent

The Scottish Epilepsy Centre is purpose built to meet the needs of the user group it caters for. The building has two separate sections, each having a designated entrance. One half of the building provides an outpatient facility, staff offices, and meeting and conference rooms. The other is specifically for use by inpatients and can only be accessed by using an electronic pass. All areas of the building are light and spacious and can be accessed by wheelchair users.

The inpatient facility consists of 12 en-suite bedrooms, two having adjoining facilities for carers and two being equipped to meet the needs of users with a physical disability. There is also a very spacious bathroom which is fitted with a ceiling hoist.

Meals are provided in an open plan dining area. We were told this was also popular with visitors. There is a lounge area off the dining room and a quiet room is also available. A separate area has been designated for activities, which provide a selection of Wii games, keep fit equipment, jigsaws, and painting and craft materials.

Externally, there are two pleasant courtyards for people to use, one designated as a smoking area. People told us that they enjoyed sitting in these areas.

All rooms within the inpatient area, with the exception of bathroom and en-suite facilities, are monitored by closed circuit television (CCTV) and have microphones installed. This is to enable staff to monitor and record any epileptic seizures people may experience to assist with assessment and diagnosis. People who use the service agree to the level of observation before admission and sign the necessary consent forms. They may request that the cameras in their own rooms be switched off at any time during their stay. People told us that they did not find the cameras intrusive and were fully aware of their importance as part of their assessment process.

A telemetry wireless system has also been installed which enables those people undergoing EEG monitoring to move around the building and take part in normal activities rather than be confined to their bedroom. People we spoke with told us of how much better this was as they were free to move about, while still being assessed. Previously, they had to stay in their room.

Areas for improvement

The furniture and fittings provided in the inpatient areas are of a very high standard and were appreciated by the users of the service. Some comments were made to us from people who use the service that the facilities lack the homeliness of the previous accommodation. It was noted from minutes of patient meetings that suggestions being made by patients were being actioned, for example in the provision of additional activity equipment, such as a pool table.

There were also some initial snagging problems with the equipment and furnishings. We saw that these were being addressed. We will review this at the next inspection.

- No requirements.
- No recommendations.

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: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

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: 5 - Very good

There have been a number of changes to the staff team following the move from the old premises with the loss of several support workers. This has enabled management to review the staff structure moving from one trained nurse on duty with two support workers to two trained nurses, one designated a senior nurse, and one support worker on duty at all times. The changes reflect the more specialist care that the service can now provide.

All staff attended an induction programme to prepare them for the move to the new building. This included fire prevention, first aid, health and safety, and use of all the new equipment. New staff are also required to read all the policies and procedures and sign that they have done so. The provider of the service, Quarriers, also has an inhouse induction training package which all staff must complete. Training is also available on a range of other topics including epilepsy, medication and dealing with physical aggression.

Arrangements for staff supervision have recently been changed to reflect the new staffing structure. Previously, all supervision sessions were carried out by either the head of service or the unit manager. This has now been changed to also involve senior nurses and other trained nursing staff. We were told that some staff had already carried out training for this and further training was planned. An annual appraisal system is also in place, with the last round of appraisals having been completed by the end of March 2013.

Regular staff meetings are held and a multidisciplinary meeting is held every Wednesday when individual patient progress is reviewed. Staff interviewed commented that they felt this was a very inclusive service with all staff fully involved in the decision-making process.

Areas for improvement

A wide range of policies and procedures are available to staff to support them in their work. However, we saw that a number of these did not include a recent review date and may not include the most up-to-date guidance. In particular, we saw that the protection of vulnerable adults guidance which had been written before the introduction of the Adult Support and Protection (Scotland) Act 2007. This guidance requires updating (see recommendation c).

A number of other documents refer to the previous building, Hunter House, and may no longer be applicable to the current building. We were informed that these were in the process of being updated. Progress on this will be monitored at the next inspection.

- No requirements.
- We recommend that the Scottish Epilepsy Centre should amend the policy for adult protection to include clear reference to the Adult Support and Protection (Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation.

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: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

Quality Statement 4.4

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

Grade awarded for this statement: 5 - Very good

When we looked at the evidence for this statement, we found that there were very good quality assurance systems and processes which involve people who use the service, carers, staff and stakeholders to assess the quality of service provided.

There is a clinical governance committee which meets every 3 months. Clinical governance is about how the service is held accountable for the safety, quality and effectiveness of clinical care delivered to people who use the service. Various reports on clinical incidents and service activity are submitted to this committee. This includes an update on audits that are undertaken in the centre and information from all the departments. Minutes from the clinical governance committee meeting showed that the information recorded was consistent and meaningful in relation to what was happening in the service. The development of the clinical governance framework has been linked to staff meetings which support good communication systems within the service.

We saw that a comprehensive annual report had been undertaken and there was detailed information about service activity. Areas covered included improvement reporting, clinical information, staffing, risk assessment and involvement from people who use the service.

We were told staff are encouraged to report accidents and incidents. These were audited by the management team. Accident and incident records were kept and notifications were made to Healthcare Improvement Scotland as requested.

We saw that staff were valued and recognition of staff contributions and attendance were fed into the clinical governance committee.

We were informed that the service was in the process of being audited by external auditors.

As previously described, people who use the service are encouraged to make their views known through a range of methods.

Areas for improvement

Minutes from the clinical governance committee show an effective action planning approach. However, it was not always clear who was responsible for progressing the identified points for completion. We discussed this and it was agreed the service will look at this. We will review this at the next inspection.

We saw that the service has identified that a formal research plan and governance strategy is required. There was a person identified to take this forward. We will also review this at the next inspection.

The provider's policies and procedures should continue to be reviewed and updated to reflect current best practice and local arrangements.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 1.1	
Requirement	
The provider must:	
1	<p>review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.</p> <p>Timescale – by 30 September 2013</p> <p><i>Regulation 15(6)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Quality Statement 1.4	
Requirements	
None	
Recommendation	
We recommend that the Scottish Epilepsy Centre should:	
a	<p>ensure that there is a system in place to carry out audits of drug administration records within the service's expected timescale.</p>

Quality Statement 1.5	
Requirements	
None	
Recommendation	
We recommend that the Scottish Epilepsy Centre should:	
b	<p>ensure that there is a system in place to carry out audits of patient care records within the service's expected timescale.</p>

Quality Statement 3.3	
Requirements	
None	
Recommendation	
We recommend that the Scottish Epilepsy Centre should:	
c	amend the policy for adult protection to include clear reference to the Adult Support and Protection (Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation.

Appendix 2 – Inspection process

Inspection is part of the regulatory process.

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

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

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

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

Types of inspections

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

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

Grading

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

For example:

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

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

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

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

Follow-up activity

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

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

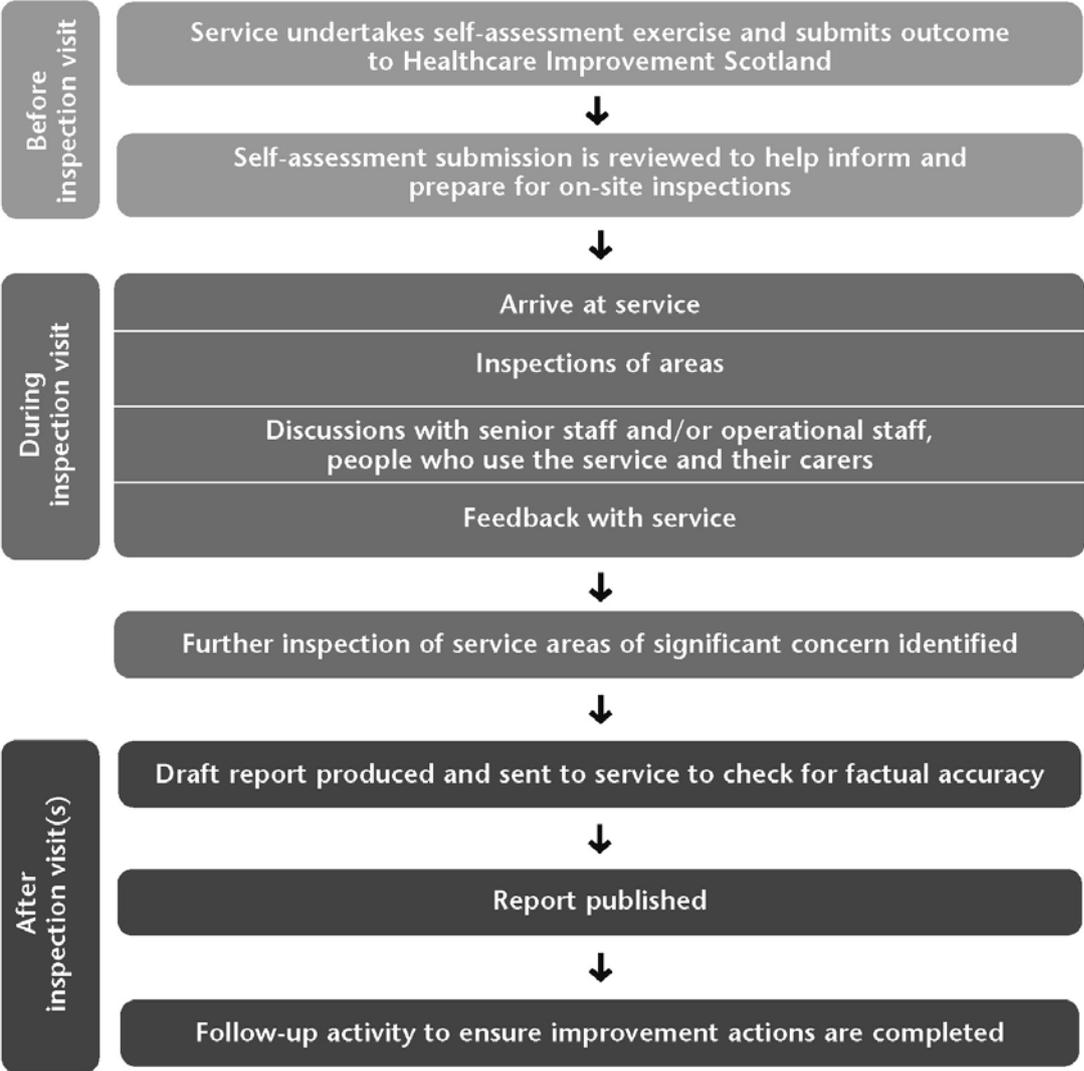
- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to the **Scottish Epilepsy Centre** was conducted on **Tuesday 18 June 2013**.

The inspection team consisted of the following members:

Beryl Hogg
Lead Inspector

Gill Swapp
Associate Inspector (locum)

Supported by:

Orlagh Sheils
Project Officer

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.



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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.