Announced Inspection Report: Independent Healthcare

Surehaven - Glasgow | Surehaven Glasgow Ltd
21 September 2011
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

© Healthcare Improvement Scotland 2011

First published November 2011

The publication is copyright to Healthcare Improvement Scotland. All or part of this publication may be reproduced, free of charge in any format or medium provided it is not for commercial gain. The text may not be changed and must be acknowledged as Healthcare Improvement Scotland copyright with the document's date and title specified. Photographic images contained within this report cannot be reproduced without the permission of Healthcare Improvement Scotland.

This report was prepared and published by Healthcare Improvement Scotland.

On 1 April 2011, Healthcare Improvement Scotland took over the responsibilities of NHS Quality Improvement Scotland.

www.healthcareimprovementscotland.org
## Contents

1. **Background**  
   4

2. **Summary of inspection**  
   6

3. **Key findings**  
   9

**Appendix**

- Appendix 1 – Requirements and recommendations  
  17
- Appendix 2 – Inspection process  
  211
- Appendix 3 – Inspection process flow chart  
  233
- Appendix 4 – Details of inspection  
  244
- Appendix 5 – The National Care Standards  
  245
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 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, you should contact the service directly in the first instance. If you remain unhappy following their response, please contact Healthcare Improvement Scotland.
Our contact details are:

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

**Telephone:** 0131 623 4300

**Textphone:** 0131 623 4383

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

Surehaven - Glasgow is a 17 bed low secure independent psychiatric hospital providing healthcare services in the west of Scotland. The hospital specialises in offering holistic assessment, treatment and rehabilitation for males and females aged 18 to 65 who experience mental ill health, personality disorder, mild learning disability and brain injury. The hospital is registered to accept patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The hospital is purpose built. There are two wards. One ward accommodates males and the other females. The rooms are single with en-suite facilities. Each ward has a lounge, quiet room, main bathroom, activities room, dining room and therapy kitchen which patients can use in line with individual care and treatment plans. Each ward has a separate garden area. There is also a separate garden area for visitors.

We carried out an announced inspection of Surehaven - Glasgow on Wednesday 21 September 2011.

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 Surehaven - Glasgow can be found in Appendix 4.

Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 1 - Quality of care and support: 4 - Good
Quality Theme 2 - Quality of environment: 4 - Good
Quality Theme 3 - Quality of staffing: 4 - Good

In this service we carried out a medium intensity inspection. This was the first inspection since the hospital was registered in July 2010.

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

- care plans
- staff records
- induction training and supervision records
- medicine administration
- health and safety maintenance records
- risk assessments
- accidents/incidents
- complaints
- audits
- surveys
- minutes of service users and staff meetings, and
- information leaflets.
We had discussions with a variety of people including:

- the hospital manager
- the deputy manager
- consultant psychiatrist
- director of operations
- registered nurses
- healthcare support workers
- chef, and
- people who use the service.

During the inspection we observed how staff cared for and worked with service users. We also reviewed the hospital environment.

We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

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

- communal areas, eg. dining rooms and sitting areas in both wards
- activity rooms
- bathroom facilities
- sluice areas
- linen cupboards
- treatment and medicines room
- all communal corridor areas
- one service user’s private room (with permission)
- one empty bedroom, and
- domestic service room.

The inspectors spoke informally to service users during the visit. We also spoke individually to three service users who all spoke positively about their care and support, the environment and the catering provided in the hospital.

The following are some of the comments offered.

- ‘Staff are exceptional. They picked good people when they recruited staff.’
- ‘This is the best hospital I have been in. There is a better support network. It is more relaxed and not like them and us.’
- ‘The support is genuine. The staff put their heart and soul into their job.’
Overall we found evidence in Surehaven - Glasgow that:

- service users are being treated as individuals within a structured model of support and care
- service users are supported by a committed and motivated multidisciplinary team
- a good staff recruitment system was in place
- there is a commitment to ongoing professional development and good systems in place to support staff
- good systems are being followed in relation to medicine management, and
- good systems are in place in relation to complaints.

We did find improvement is required in some areas which include:

- formalising the participation strategy
- improved completion of care planning documentation for some service users
- improvement of the recording of risk assessment
- further development of policies and procedures, and
- reorganisation of the sluice areas.

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

Surehaven - Glasgow must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Surehaven - Glasgow for their assistance during the inspection.
3 Key findings

Quality Theme 1

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

Grade awarded for this statement: 4 - Good
Although there was no formal participation strategy in place, the philosophy of the service is to include service users in their care. There was evidence of service users input in a number of ways.

- There were weekly community meetings in each area. There was evidence in the minutes of the meetings that service users felt comfortable to raise issues.
- There were notices displaying action that had been taken from issues raised. For example, better vegetarian options in the menu had been asked for and as a result the menus had been changed.
- Staff were aware of the importance of involving service users in all aspects of their care and day to day life.

There was evidence in the care documentation that:

- service users who wished to do so were signing their care documentation to agree their care
- service users were given the opportunity to take part in review meetings, and
- service users spoken with spoke of being involved in the planning of their care.

The management team informed the inspectors that service users were surveyed during their stay and on discharge to capture their views on the quality of the service provided. We were told that carers were regularly provided with updates on their relative’s progress by the named nurse.

In addition, there was a suggestion box which was accessible to service users. Service users confirmed that the management team operated an ‘open door’ policy and that they would be comfortable to use this.

Areas for improvement
A formal participation strategy should be developed to show how the service involves people in having a say about their care and the development of the service.

We suggested to management that results of surveys and participation information is displayed in an area accessible to service users. It was agreed that this would be taken forward.

The service should continue supporting service users to be as involved as possible in having a say in all aspects of how the service is provided. This aspect of the service is being developed and while participation is good at Surehaven - Glasgow, further work would enhance the grade 4 that has been given.
■ No requirements.

Recommendation a
■ Surehaven - Glasgow should develop a formal participation strategy to guide how service users will be involved in service development and delivery.

Quality Statement 1.2
We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good
We saw a comprehensive range of policies were available. All of the policies viewed had a review date of August 2011. Care staff we spoke with during the inspection were aware of how to access policies and procedures and the importance of their guidance.

We found when a person was referred to the hospital there was a detailed pre-placement assessment carried out by senior nursing staff and a consultant psychiatrist. A care plan was developed with the service user which assessed the individual's health issues, behaviour challenges, skills and clinical support required. The individualised approach to care planning was viewed as an essential part of promoting patient recovery and wellbeing.

We found there was a named nurse system in place. When we spoke to service users they spoke positively about having a named nurse, and the role this person played in their care. Service users spoke of feeling confident in staff.

Staff training records showed that education and training provided was consistent with current legislation and included topics which reflect current evidence-based practice. There was also evidence of both formal and informal staff supervision on an ongoing basis, in line with Nursing and Midwifery Council (NMC) best practice guidance.

We found independent advocacy was offered. This was viewed as a key objective in helping people to communicate their needs. We were told that there was a weekly drop-in advocacy surgery within the hospital and individual advocacy sessions could be arranged on request.

Area for improvement
We found some of the policies in the policy manual were marked as not being applicable to the service. Consideration should be given to including these at Surehaven - Glasgow in future training, eg. intimate care and use of gloves.

■ No requirements.
Recommendation b

Surehaven - Glasgow should consider including some of the corporate policies marked as not applicable to Surehaven - Glasgow in future training.

Quality Statement 1.4

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

Grade awarded for this statement: 4 - Good

Overall, the arrangements for ordering, storing, prescribing and administration of medicines were satisfactory, and supported best practice. A medicines management policy was available.

We saw each service user had a completed T2 form (Certificate of Consent to Medical Treatment) or T3 form (Certificate of the Designated Medical Practitioner) in line with the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003. In addition, each prescription chart was also accompanied by a photograph of the person which was reviewed regularly. We were told that service users’ prescriptions are reviewed weekly as a minimum at the planned multidisciplinary team meetings.

We found there were close links and support from the local pharmacy who visited on a weekly basis. This was valued by the staff team.

We found from speaking with staff they felt comfortable to report any errors in medicines management. There was also evidence that appropriate action was taken by the management team should this occur.

Area for improvement

We noted that the section for allergies/drugs in the medicine recording sheet was not always completed.

The service should continue to monitor and review the effectiveness of their medicines management systems within current legislation and best practice.

No requirements.

Recommendation c

Surehaven - Glasgow should ensure that the section for allergies/drugs in the medicine recording sheet is completed. For completeness and accuracy, this field should have some entry recorded to demonstrate it has been considered, for instance to record ‘No known allergies/contraindications’.

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: 4 - Good**

We looked at six sets of care plans and found they identified individual care needs and were available for all service users. When we spoke to service users they confirmed that they had participated in care planning from initial contact with the service, in line with best practice. We also saw that some service users had signed their care documentation to confirm the care plans.

We found the care planning documentation was easy to follow and gave a clear picture of individual needs. The records were person centred and demonstrated that needs were being assessed and planned for. We saw that regular reviews of individual care needs were carried out by a multidisciplinary team and service users were given the opportunity to attend and be involved in their care reviews. The staff spoken with were knowledgeable about individual care needs and the records were accessible to all members of care staff.

During the discharge process, information was shared with service users, carers and other professionals to ensure treatment strategies were passed to the right people to ensure ongoing support.

**Area for improvement**

It was noted that there were gaps in the documented review of some care plan topics. This included a gap between February and July 2011 in a care plan for the administration and monitoring of anti-psychotic medication. The policy and documentation states that all care objectives will be reviewed monthly. Although staff were confident this topic was reviewed at multidisciplinary team meetings, the documentation in the care plan did not support this. It was not possible to determine the date that care objectives had been developed in some care plans. There was an inconsistent recording format being used in the care plans reviewed. Therefore it was not possible to assess whether consistent review of these had taken place. A requirement is made (See requirement 1).

**Requirement 1 – Timescale - by 30 November 2011:**

- **Surehaven - Glasgow** must review and improve the care planning documentation and review process.

  This is to ensure that each service user has an up-to-date patient care record which sets out how the service user’s health, safety and welfare needs are to be met and that these are subject to regular review.

- **No recommendations.**

**Quality Statement 1.6**

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.
Grade awarded for this statement: 4 - Good
There was evidence of documented risk assessment of individual needs at each stage of the service user’s journey, from admission, through daily care and as part of discharge. Policies and procedures were in place to guide staff on appropriate levels of observation for service users. Staff spoken to were familiar with the risk assessment processes used, how these worked and the importance of this in the safe recovery of service users.

The service has a risk management policy and associated risk log which details risks to the organisation, service users and staff. Included in this are details of how each hazard will be eliminated or minimised. This document is viewed as a working document.

There was a robust induction for staff on risk, security and personal safety. This was updated annually for all staff. We reviewed the documentation on accidents and incidents and saw they were properly recorded and reviewed by the manager. Staff spoken with were clear about their responsibilities to identify and report poor practice. All stated that they would not hesitate to do so.

Areas for improvement
We found there was no review date available on any of the risk assessments in the risk log. The local policy refers to risk assessment being a dynamic process, but it was not clear to inspectors how or when risks were reviewed.

We queried the robustness of some of the risk assessments and did not consider that all hazards had been appropriately identified, or that all steps required to eliminate or reduce the risk had been taken in the risk log.

- No requirements.

Recommendation d
- Surehaven - Glasgow should ensure that all risk assessments include a date for review. This means that there is ongoing monitoring of both the risk and control measures.

Recommendation e
- Surehaven - Glasgow should ensure that risk assessment processes are robust and take into account all hazards. This will ensure that all aspects of staff and patient safety are considered.

Quality Theme 2

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

Grade awarded for this statement: 4 - Good
Statements at Quality Statement 1.1 are also relevant.
Area for improvement
The service should continue supporting service users to be as involved as possible in having a say in all aspects of how the service is provided. This aspect of the service is being developed and while participation is good at Surehaven - Glasgow, further work would enhance the grade 4 that has been given.

- No requirements.
- 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: 4 - Good
We found the hospital environment was in good physical and decorative order. The hospital was clean and there were systems in place to support this. We viewed records that confirmed regular audits of the environment and staff practice were undertaken by the management of the service. Service users said they felt the hospital was clean and the accommodation modern and comfortable. We were informed that service user questionnaires gave a positive response on cleanliness.

There was an infection control policy in place in the hospital. Staff training and induction records confirmed that infection control was included in induction and the staff training programme. Staff spoken with were aware of infection control issues, for example, the need to wear colour coded aprons for the serving of food.

Areas for improvement
Carpets in the day rooms were stained. We were informed that this is being reviewed as regular shampooing has not solved the problem.

The sluice area was small and would benefit from reorganisation to ensure better segregation of clean and dirty equipment and activity. Access to the hand washing sink was blocked by the clinical waste bin.

Yellow clinical waste bags were noted across the service. A contract exists with an external contractor for the uplift and disposal of clinical waste. Surehaven - Glasgow should consider reviewing the existing policy and practices to reflect The Special Waste Amendment (Scotland) Regulations 2004. Based on the explanation provided, Surehaven - Glasgow does not generate any high risk clinical waste but does generate some low risk clinical waste. This was to be reviewed by the management team.

The infection control policy contained information which did not accurately reflect the content or language of current Health Protection Scotland model policies, and had not been updated to reflect changes to the regulatory body (Care Commission to Healthcare Improvement Scotland). The clinical waste policy did not reflect The Special Waste Amendment (Scotland) Regulations 2004. A requirement is made (See requirement 2).
Requirement 2 – Timescale: 30 November 2011

■ Surehaven - Glasgow must review and update their infection control policy including the waste policy, in line with up-to-date legislation.

This is to ensure that service users' health, safety and welfare needs are met.

Recommendation f

■ Surehaven - Glasgow should reorganise the sluices to ensure better segregation of clean and dirty equipment and activity, and improve access to hand washing facilities.

Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 4 - Good
Statements at Quality Statement 1.1 are also relevant.

We were informed that service users had made up a set of questions to be asked when staff are interviewed. We saw evidence of this in staff files.

Area for improvement
Service users and their relatives or carers should continue to be involved in taking this quality statement forward.

■ No requirements.
■ No recommendations.

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: 5 - Very good
The service has a recruitment policy and procedure in place. Six staff personnel files were assessed during the inspection. There was good evidence contained within each staff record that staff recruitment processes are being adhered to in line with policy and current legislation. We found all required pre-employment information is being obtained before a new member of staff commences work.

We saw there was a comprehensive induction programme in place. Staff confirmed that they had received formal induction when starting work and that this had been beneficial for them. A new member of staff spoke positively about the induction they had undertaken and the support and training they had been given.
There was evidence of staff supervision for all staff and staff spoke of valuing the support and guidance this offered. We were told annual appraisals are conducted in October.

**Area for improvement**
The service should continue to maintain this very good level.

- No requirements.
- No recommendations.

**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: 4 - Good**
There was documented evidence of staff training and development for a variety of mandatory and clinical subjects. We observed good examples of team working and staff informed us that there was a learning culture within the organisation through the review of practice, current research and service user issues.

Staff were committed to the philosophy of care at Surehaven - Glasgow and were knowledgeable about how this could be achieved. Observation of care practices identified good caring values. Staff were seen to interact positively with service users and were aware of individual needs. Staff spoke respectfully about service users’ care documentation was also written in a way that was considerate to service users.

Staff spoke highly of having job satisfaction at Surehaven - Glasgow. They spoke of the value of team working. They felt supported by colleagues and the management team, and were able to contribute to the development of the service.

Staff clearly enjoyed working in the service and were highly motivated to provide a high standard of care. Supervision was seen as positive and all staff felt supported in their roles.

**Area for improvement**
The service should continue to sustain this good level.

- 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 service 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 provider 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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that Surehaven - Glasgow:</td>
</tr>
<tr>
<td>a</td>
<td>develops a formal participation strategy to guide how service users will be involved in service development and delivery.</td>
</tr>
</tbody>
</table>

### Quality Statement 1.2

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that Surehaven - Glasgow:</td>
</tr>
<tr>
<td>b</td>
<td>considers including some of the corporate policies marked as not applicable to Surehaven - Glasgow in future training.</td>
</tr>
</tbody>
</table>

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that Surehaven - Glasgow:</td>
</tr>
<tr>
<td>c</td>
<td>ensures that the section for allergies/drugs, in the medicine recording sheet, is completed. For completeness and accuracy, this field should have some entry recorded to demonstrate it has been considered, for instance to record ‘No known allergies/contraindications’.</td>
</tr>
</tbody>
</table>
### Quality Statement 1.5

**Requirement**

Surehaven - Glasgow must:

1. review and improve the care planning documentation and review process.

   This is to ensure that each service user has an up-to-date patient care record which sets out how the service user’s health, safety and welfare needs are to be met and that these are subject to regular review.

   **Timescale** - by 30 November 2011

   *National Care Standard 14 - Information held about you (Independent Hospitals)*

   *Regulation 4 (1) – Patient care record*

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

**Recommendations**

None

### Quality Statement 1.6

**Requirements**

None

**Recommendations**

We recommend that Surehaven - Glasgow:

- **d** ensures that all risk assessments include a date for review. This means that there is ongoing monitoring of both the risk and control measures.

- **e** ensures that risk assessment processes are robust and take into account all hazards. This will ensure that all aspects of staff and patient safety are considered.

### Quality Statement 2.1

**Requirements**

None

**Recommendations**

None
**Quality Statement 2.4**

**Requirement**
**Surehaven - Glasgow must:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>2 review and update its infection control policy including the waste policy, in line with up-to-date legislation. This is to ensure that service users’ health, safety and welfare needs are met. Timescale - by 30 November 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that Surehaven - Glasgow: reorganise the sluices to ensure better segregation of clean and dirty equipment and activity, and improve access to hand washing facilities.</td>
</tr>
</tbody>
</table>

**National Care Standard 13 – Infection Control (Independent Hospitals)**

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

**Quality Statement 3.1**

**Requirements**
None

**Recommendations**
None

**Quality Statement 3.2**

**Requirements**
None

**Recommendations**
None
<table>
<thead>
<tr>
<th>Quality Statement 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendations</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>
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 of care and support**: how the service meets the needs of each individual in its care.
- **Quality of environment**: the environment within the service.
- **Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.
- **Quality of information**: this is how the service looks after information and manages record keeping safely.

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 patients. 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:

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

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 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.

Appendix 3 – Inspection process flow chart

Prior to inspection visit:
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland
- Self-assessment submission is reviewed to inform and prepare for on-site inspections

During inspection visit:
- 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 Surehaven - Glasgow was conducted on Wednesday 21 September 2011.

The inspection team consisted of the following members:

Beryl Hogg
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

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
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

---

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

---

**Edinburgh Office**
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA
Phone: 0131 623 4300

**Glasgow Office**
Delta House
50 West Nile Street
Glasgow G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org