Unannounced Follow-up Inspection Report: Independent Healthcare

Wallace Hospital
Oakview Estates Limited, Dundee

15 August 2017
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 Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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www.healthcareimprovementscotland.org
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1 A summary of our inspection

About the service we inspected
Wallace Hospital is a private psychiatric hospital which provides assessment and treatment for adults who have a learning disability and complex needs. This includes people with mental health problems and/or autism. Wallace Hospital is situated in the Ardler area of Dundee, close to local amenities and public transport services. The building is divided into two separate services: Wallace Hospital is located on the upper floor and had 10 inpatient places; and the ground floor accommodates a care home registered with The Care Inspectorate.

Oakview Estates Limited are the registered provider for the Wallace Hospital. The Danshell Group are the company that provides the care input for the patients at the Wallace Hospital. All of the public facing documents and care initiatives will refer to Danshell or the Danshell Group.

Previous inspection
We previously inspected Wallace Hospital on 24 and 25 April 2017. That inspection resulted in four requirement and 13 recommendations. As a result of that inspection, Wallace Hospital, produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

About our follow–up inspection
This follow–up inspection is our assessment of the progress the service has made in addressing the requirements and recommendations from the last inspection. This report should be read along with the April 2017 inspection report.

We carried out an unannounced follow-up inspection to Wallace Hospital on Tuesday 15 August 2017.

The inspection team was made up of one inspector from Healthcare Improvement Scotland. A representative for the Mental Welfare Commission also visited on the same day.

We have regraded the service as a result of this follow-up inspection. Grades may still change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We noted that the service had been working to address the requirements and recommendations made at our previous inspection:

- four requirements have been met
- ten recommendations have been met, and
- three recommendations have been carried forward.
Oakview Estates Limited, the provider, must continue to address the remaining three recommendations, and make the necessary improvements as a matter of priority.

We would like to thank all staff at the Wallace Hospital for their assistance during the follow-up inspection.
2 Progress since our last inspection

What the provider has done to meet the requirements and recommendations we made from our previous inspections

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Requirement

The provider must make it explicit on their website and any public facing publications that they are regulated by Healthcare Improvement Scotland and that any patient, their family or representatives can complain to Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

The provider had included this information on their website. This requirement is met.

Recommendation

We recommend that the service should make sure that the patient notice boards in the hospital are kept up to date in a manner which takes account of the patients’ communication needs.

Action taken

The hospital had installed notice boards in the ward with easy to understand information. This recommendation is met.

Recommendation

We recommend that the provider make sure that any reference to mental health legislation is accurate and refers to Scottish legislation.

Action taken

The service had amended its website to take account of Scottish legislation. This recommendation is met.

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).

Recommendation

We recommend that the service should review the format of care records and ensure that the patient’s progress is easily trackable and that staff are aware of where information should be recorded and filed.
Action taken
We examined six patient care records and we saw that information was stored across a variety of folders. The progress of patients was difficult to assess due to the very complex cross referencing system and duplication of information. We spoke with staff on duty who shared our concerns. We were told that a working group had been set up to simplify the care records. This recommendation is not met and will be carried forward.

Recommendation
We recommend that the service make sure that all patient care plans are updated to show that the patients consent has been obtained.

Action taken
We looked at five patient care plans. We saw that when a patient did not have capacity to give informed consent, their relative or guardian had been consulted and that their views had been taken into consideration. This recommendation is met.

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.

Recommendation
We recommend that the service review and expand their methods of communication with patients to take account of their specific abilities and needs.

Action taken
The Central Advocacy Group (an advocacy service) provided the service with a comprehensive report that highlighted the communication difficulties that the patients have. The report suggested a move away from group sessions as patients may have difficulties fully participating. It was proposed that the advocate responsible for the service should spend time in the ward and flats (where the patients with more complex needs live) to interact with the patients on an individual basis. This will allow the patients to express their needs more freely and comprehensively. An easy to read summary of the report was available for patients. This recommendation is met.

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.

Requirement
The provider must establish a robust system to manage risk associated or arising from the care and treatment of patients. To do this the provider must:
(a) undertake a comprehensive review of risk management processes in consultation with staff and patients where appropriate, and
(b) develop and implement an action plan which must include all aspects of risk management considerations, including staff/skill mix, environmental/equipment, policies and procedures and documentation.

**Action taken**

We saw that patient risk assessments had been updated to include areas of aggression, self-harm, physical and emotional health. The risk register had been updated and included details of how the behaviour of the patients and staff shortages presented a risk to the service.

The service had increased the number of personal alarms available to ensure that all staff members are issued with an alarm and keys for the ward. These are signed in and out when staff start and end their shift.

We saw that several patients were on observation on the day of our inspection. This is the amount of supervision that a patient needs and is dependent on psychiatric, emotional or physical conditions. This varied from standard observations through to observations which required two members of staff for one patient. We saw that the observation levels were clearly recorded. The service had sufficient staff on duty to cover this while providing a good level of care for the remaining patients. Each patient had an observation book. This contained information about the level of observation, the patient’s current mood, any physical problems and any activities that were scheduled on that day. A member of staff was given the responsibility for recording these details during their shift. We saw the appropriate level of patient supervision was being undertaken by staff. The service had a policy where members of staff will spend a minimum of 2 hours on observation. This allowed consistency of the staff member who was engaging in activities with a patient to avoid any disruptive changes.

We observed that the doors had been changed to ones with observation windows.

The risk register had been updated and now included how some patient’s behaviours and actions could represent a risk to the service. We saw that the service were reviewing risk assessments. However, associated actions from the updated risk assessments were still difficult to follow. We saw staff were being advised to deal with some patients who were becoming agitated or upset. The personal behaviour support plans would benefit from more detail in dealing with these areas.

In order to achieve a more sustainable approach, the overall care plans should be simplified and easier to follow. This was acknowledged by the staff on duty. **This requirement is met.**

The service was previously graded 2 – Weak. In response to improvements a grade of 3 – Adequate has been awarded.

**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.

**Recommendation**

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We recommend that the service review current provision of patient access to outdoor areas and seek alternative arrangements for grounds access.

**Action taken**
The service had devised a timetable where the patients who stay in Wallace Hospital could access to the day centre. We also saw a more comprehensive list of activities that included access to the gardens and outside activity. The hospital were waiting on work to be completed to allow patients direct access to the garden area. **This recommendation is met.**

**Recommendation**
We recommend that the service review provision of sluice area in Wallace Hospital.

**Action taken**
The service decided not to construct a new sluice area. However, we saw how any soiled linen or clothes would be transferred in a way that complies with infection control guidelines. We also saw that the ward had a supply of personal protective equipment which was easily accessible. **This recommendation is met.**

**Recommendation**
We recommend that the service install suitable hand wash sink in dining room for staff and patients.

**Action taken**
The service told us in the action plan that they believed this would present a slip and flooding risk to the patients. They have since provided staff with anti-bacterial hand gel. **This recommendation is met.**

**Recommendation**
We recommend that the service provide appropriate storage for patient’s belongings.

**Action taken**
We saw no evidence of patient's belongings being stored out with the patient’s rooms or dedicated storage areas. We previously reported that patients’ belongings were being stored in the office which was now tidy and well organised. **This recommendation is met.**

**Quality Statement 2.3**
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

**Recommendation**
We recommend that the service should make sure that all fire extinguishers are easily accessible to staff at all times.

**Action taken**
We inspected where the fire extinguishers are located and saw that the key for the extinguishers was still not available. This recommendation is not met and will be carried forward.

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Requirement
The provider must make sure that all training, supervision and appraisals are carried out within their own specified timescales.

Action taken
We saw that a training plan had been developed. This covered Maybo training (a safe way of physical intervention and conflict management training). Six agency staff had completed this training as well as permanent members of staff. The training plan included:

- adult support and protection,
- adults with incapacity
- privacy and dignity
- emergency first aid at work, and
- moving and handling training.

The training plans were posted in the office with dates and the staff members who were expected to attend.

The hospital provided us with a record of training that had been carried out. It showed a very high compliance rate. We saw that most of the staff appraisals had been carried out and that there had been good progress made in completing supervision sessions. This requirement is met.

Requirement
The provider must make sure that, at all times, suitably qualified and competent persons are working in the service in such number that are appropriate.

Action taken
We saw staffing rotas for July and August 2017 and the proposed rota for September 2017. The number of staff on duty during July and August had increased to meet the complex care needs of one patient. During this time the service did employ a number of agency staff. Regular agency staff had also received Maybo training. The service told us that they were in the process of appointing new members of staff and were waiting on references and protection of vulnerable groups results being returned. This requirement is met.

Quality Statement 3.4
We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Recommendation

We recommend that the service make sure that the patients’ personal plans are updated regularly in line with policy.

Action taken

We saw that the service had carried out an audit of all the patients’ personal plans and any remedial work needed was to be carried out. We examined six personal plans and saw that they had been kept up to date. This recommendation is met.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.2

We involve our workforce in determining the direction and future objectives of the service.

Recommendation

We recommend that the service should include support staff in multidisciplinary meetings.

Action taken

The multidisciplinary team meeting minutes showed that there had been no attendance by support staff. This recommendation is not met.

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.

Recommendation

We recommend that the service should establish a regular audit programme and produce and action areas where deficiencies are identified.

Action Taken

We saw that the service had updated their audit programme. Any audits that highlighted a concern had an action plan and a timescale for completion. This recommendation is met.
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.

Recommendations carried forward from our previous inspections

<table>
<thead>
<tr>
<th>We recommend that the service should:</th>
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<tbody>
<tr>
<td>review the format of care records and ensure that the patient’s progress is easily trackable and that staff are aware of where information should be recorded and filed (see page 6).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 14-2 Information held about you)</td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the May 2016 inspection report for Wallace hospital.</td>
</tr>
<tr>
<td>make sure that all fire extinguishers are easily accessible to staff at all times (see page 9).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15-3 Your environment)</td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the April 2017 inspection report for Wallace Hospital</td>
</tr>
<tr>
<td>include support staff in multidisciplinary meetings (see page 11).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 27-1 Allied health and social care professionals)</td>
</tr>
<tr>
<td>This was previously identified as a recommendation in the April 2017 inspection report for Wallace hospital.</td>
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</tbody>
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Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. 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.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on 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 hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** comments.his@nhs.net
We can also provide this information:

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