Unannounced Inspection Report: Independent Healthcare
The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre
Four Seasons Health Care Properties (Frenchay) Limited | Wishaw

7 June 2012
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First published July 2012

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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.
- This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that people who use services are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

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

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

**Telephone:** 0131 623 4300

**Email:** hcis.chiefinspector@nhs.net
2 Summary of inspection

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre (referred to as ‘the hospital’) is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people with varying degrees of brain injury.

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

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

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

We carried out an unannounced inspection to Murdostoun Brain Injury Rehabilitation Centre on Thursday 7 June 2012. This inspection was carried out to followup on the requirements and recommendations made at the previous inspection carried out on 10 February 2012. This report should be read in conjunction with the report from that inspection. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx.

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

We assessed the service against four Quality Themes related to the National Care Standards. Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 4 - Good
Quality Theme 1 – Quality of care and support: 3 - Adequate
Quality Theme 2 – Quality of environment: 4 - Good
Quality Theme 3 – Quality of staffing: 3 - Adequate

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

- patient care records
- staff records
- policies and procedures
• risk assessments, and
• audits.

We had discussions with a variety of people including:

• the service manager
• the clinical nurse manager
• registered nurses
• care assistants
• occupational therapists, and
• two people who use the service.

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

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

We spoke informally with two people who use the service. Both people spoke positively about the care and support provided.

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

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

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

• the need to ensure that patient care records are fully completed in all areas
• ensuring that the hydrotherapy pool is being maintained to a satisfactory standard
• reviewing the management of clean and soiled linen
• ensuring that all required pre-employment information is being obtained when recruiting new members of staff
• ensuring that staff supervision is taking place and being fully recorded, and
ensuring that staffing levels are being appropriately assessed, so that the individual needs of people who use the service are always met.

This inspection resulted in six requirements and one recommendation. 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 can be found in Appendix 1.

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

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

What the service has done to meet the requirements we made at our last inspection

Requirement 1
The provider must ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs. This is to ensure that each person who uses the healthcare service has an up-to-date healthcare record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

Action taken
This requirement has not been met. Please refer to Quality Statement 1.5 in this report for further detail.

Requirement 2
The provider must ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept in a good state of repair. Particular attention must be paid to communal toilets, shower rooms and bathrooms. This is to ensure that the premises are fit to provide an independent healthcare service.

Action taken
The hospital has started work on a refurbishment programme to address this requirement. The hotel services manager has carried out an audit of all the minor repairs to the fabric of the building and developed an action plan. During the inspection, we saw evidence that the majority of the repairs we highlighted at the last inspection have now been resolved. We saw there was an ongoing refurbishment programme in place and regular maintenance inspections are carried out by the hotel services manager. There is now a fault reporting system in place and any member of staff can report a fault or repair by writing in a folder kept at the nurses’ station. The hotel services manager has ownership of this folder and is responsible for resolving all minor faults reported. There is a system in place where complex repairs are referred to head office to be dealt with.

Therefore, this requirement has been met.

Requirement 3
The provider must ensure that all areas of Murdostoun Brain Injury Rehabilitation Centre are kept clean, tidy and free from unpleasant odours. This is to ensure that people’s health, welfare and safety are provided for by means of appropriate systems, processes and procedures for all aspects of care and treatment.

Action taken
During this inspection we found the majority of areas inspected to be clean, tidy and free from unpleasant odours. We were told that cleaning schedules and a work instruction manual have now been developed. We saw evidence that sign-off assurance forms were being completed by hotel services staff.

Therefore, this requirement has been met.
**Requirement 4**  
The provider must ensure that a framework for staff supervision is in place at Murdostoun Brain Injury Rehabilitation Centre and being implemented on a regular basis, with clear documentary evidence. This is to confirm that individual staff supervision sessions are being planned, fully recorded, kept on file for reference confirming that staff development and clinical practice reviews are taking place.

**Action taken**  
This requirement has not been met. Please refer to Quality Statement 3.3 in this report for further detail.

**What the service has done to meet the recommendations we made at our last inspection**

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

**Action taken**  
We were told that following the last inspection, staff had been reminded to read and understand hospital policies and procedures. During the inspection, we looked at three patient care records. All three contained consent forms, which had not been completed.

Therefore, this recommendation has not been met. Please refer to Quality Statement 0.3 in this report for further detail.

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

**Action taken**  
New individual storage boxes have now been provided in all bedrooms for storing personal cleansing products. We did not find any personal cleansing products in any of the communal bathrooms.

Therefore, this recommendation has been met.

**Recommendation c**  
We recommend that Murdostoun Brain Injury Rehabilitation Centre should review its management of linen to ensure that soiled or contaminated linen is stored securely whilst awaiting uplift. This will minimise the potential risk of cross infection.
**Action taken**
A new room has been provided for securely storing soiled or contaminated linen. Colour coded baskets have been provided to segregate soiled linen according to the hospital’s infection control policy.

Therefore, this recommendation has been met.

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

**Action taken**
We found that work has started to address this recommendation. A full audit of existing personnel files has been carried out and action is being taken to source missing information, where possible. There are plans to introduce a new personnel file checklist when recruiting all future staff, to ensure that all relevant information is captured. Whilst it is encouraging to see that action has been taken to address this recommendation, it is too early to see evidence of this new framework being implemented.

Therefore, this recommendation has not been met. Please refer to Quality Statement 3.2 in this report for further detail.
4 Key findings

Quality Theme 0

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

Grade awarded for this statement: 4 - Good

Area for improvement
At the last inspection we found that people who were considered to have capacity to consent to treatment had the necessary consent forms in their patient care record. However, we noted that the person’s next of kin and not the person had signed many of the consent forms and it was not clear that these had been signed in the presence of the person. We recommended that people who are unable to write, for whatever reason, should be invited to make their mark on the consent form and have this witnessed by a third party.

During this inspection, we looked at three patient care records and while we found consent forms were present, all three were blank. Where patients are assessed as having the capacity to consent to their own care and treatment, it is important that this is accurately recorded in their patient care record. We are not satisfied that the recommendation made in our last report has been met. A requirement is made (see requirement 1).

Requirement 1 – Timescale: Immediate
- The provider must ensure that where people have been assessed as having capacity to make decisions about their treatment, an accurate record of this is kept in their patient care record.

This will ensure that people who have capacity to make decisions are fully involved in making decisions about their own care and treatment.

- No recommendations.
Quality Theme 1

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 3 - Adequate
A multidisciplinary healthcare assessment is carried out for each person admitted to the hospital. Each patient care record had evidence of a multidisciplinary model for providing care. Each record had written evidence of input from nurses, doctors, physiotherapists, speech and language therapists and occupational therapists. All of the patient care records contained health assessments, risk assessments, care and treatment plans, and progress reports. Staff told us about which health assessments they carried out, and how care and treatment goals were set and reviewed.

Area for improvement
At the last inspection, we made a requirement that the provider must ensure all patient care records are fully completed in all aspects of patient health, safety and welfare needs. This is to ensure that each person who uses the healthcare service has an up-to-date patient care record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

We assessed three patient care records during this inspection. Some sections we looked at were completed to the expected standard. However, many documents were incomplete, including:

- entries not dated or timed
- entries not signed
- assessment forms not completed
- social information forms not completed
- blanks sections left on initial assessment forms
- infection control risk assessment forms not completed
- handwritten notes on blank paper not dated or signed
- blank consent forms
- care plans not dated or timed, and
- capacity on admission assessments not completed.

Many of the blank sections were particularly noticeable in healthcare assessments. This was also found at the last inspection. It was unclear if these blank areas had been considered by the healthcare professional carrying out the person's health assessment or simply did not apply. When we spoke with staff, they told us that they were not aware that all sections had to be completed.

The patient care records used at the hospital are set out using a single multidisciplinary record, which is encouraging. However, the findings from both this inspection and the last, in relation to blank areas and incomplete entries, do not
provide full assurance that up-to-date patient care records are being kept for each person using the service. A requirement is made (see requirement 2).

Requirement 2 – Timescale: Immediate

- The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries made include the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

- 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: 3 - Adequate

This statement was not fully assessed during this inspection, as the purpose of the inspection was to followup on progress made with the issues raised in the last inspection. However, we gathered information through staff discussions and are reporting this particular issue under this statement.

Area for improvement

During this inspection, we spoke with five members of staff. The majority of them told us that morale was low and they were concerned about staffing levels. In particular, all staff we spoke with felt there was a lack of care assistants on the morning shift. Two members of staff individually expressed their concern about feeling unable to give the appropriate level of one-to-one care that was needed by one person who used the service. These staff described having to seek additional assistance outwith visiting times from the service users’ relatives, in order to deliver the one-to-one care needed by the person who used the service.

At present, staffing levels in the service are not determined by the use of a recognised dependency tool. Dependency tools assess individual needs and are used to determine the staffing required to meet individual care needs. The service manager described plans to trial the use of the Indicator of Relative Need assessment tool (IoRN). This is a nationally supported tool used to gather information about the relative dependency levels of service users. It is envisaged that the information gathered from trialling the IoRN assessment tool at the hospital will allow informed decisions to be taken about the necessary staffing ratios in relation to the identified dependency levels. A requirement is made (see requirement 3).

Requirement 3 – Timescale: Immediate

- The provider must ensure, having regard to the size and nature of the service and the number and needs of service users, that suitably qualified and competent staff are working in the service in such numbers as are appropriate for the health, safety and welfare of people who use the service.

- No recommendations.
Quality Theme 2

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good
The hospital is a purpose built unit on ground floor level. All of the 20 bedrooms at the hospital are single. Some bedrooms have been upgraded and have an en-suite toilet with shower. During the inspection, we walked round the building and most areas we looked at were found to be clean and in good repair.

Area for improvement
The hospital has a hydrotherapy pool. At the last inspection we found that the poolside environment was not clean and it was not clear how staff could effectively clean the environment. During this inspection, we found that the hydrotherapy pool was half filled with water. There was a layer of dirt lying on the surface of the water. We were informed that the pool had not been used for several months and the intention was to renew the pool at some point in the future. While the pool is not used, the water should be drained to allow for effective cleaning of its inner surface. A requirement is made (see requirement 4).

Requirement 4 - Timescale: by 31 August 2012
- The provider must ensure that the hydrotherapy pool is drained of all water, thoroughly cleaned and thereafter maintained in a good state of repair.
- 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

Area for improvement
We found all areas inspected were clean and there were no unpleasant odours. Cleaning schedules have been implemented since the last inspection and are the responsibility of hotel services staff. While we did not see the cleaning instruction manual, we saw evidence of cleaning tasks being regularly signed off.

A recommendation was made in the last inspection report about the storage of soiled and contaminated linen. While we are satisfied that this recommendation has been met, three of the five members of staff we spoke with were confused about the colour coding system for soiled and contaminated linen. Staff training is needed to ensure all staff are aware of good linen management practice. A requirement is made (see requirement 5).
Requirement 5 - Timescale: by 31 August 2012
- The provider must ensure that staff are suitably trained in the correct management of soiled and contaminated linen.

This will ensure there is an appropriate system and process in place for the prevention and control of infection.

- No recommendations.

Quality Theme 3

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

Grade awarded for this statement: 4 - Good
As previously stated, we are satisfied that work is being undertaken to improve the staff recruitment process. It is acknowledged that this work will take time to progress. We will review this at the next inspection.

Area for improvement
We are satisfied that work to address the recommendation we made at the last inspection has started. However this work is still in progress so this recommendation is carried forward and this issue will be followed up at the next inspection.

- No requirements.

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

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

Grade awarded for this statement: 3 - Adequate
At the last inspection the hospital told us in their self-assessment that all staff receive supervision every 6–8 weeks. At that time, we found limited evidence that supervision was taking place. We made a requirement that the provider must ensure there is a staff supervision framework in place, with clear documentary evidence.

Areas for improvement
There is a new staff supervision framework in place at the hospital and this was discussed with the service manager. Staff we spoke with told us they had dates planned for their first supervision sessions. While we are satisfied that work has been undertaken to address the requirement we made at the last inspection, it is not yet possible to assess whether this requirement has been met. This requirement is
carried forward in this report and will be followed up at the next inspection. A requirement is made (see requirement 6).

Requirement 6 – Timescale: by 31 October 2012

■ The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

This will ensure that all staff are receiving regular performance reviews, appraisals and training appropriate to the work they undertake.

■ No recommendations.
Appendix 1 – Requirements and recommendations

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

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Quality Statement 0.3

#### Requirements

Murdostoun Brain Injury Rehabilitation Centre must:

1. ensure that where people have been assessed as having capacity to make decisions about their treatment, an accurate record of this is kept in their patient care record.

   This will ensure that people who have capacity to make decisions are fully involved in making decisions about their own care and treatment.

   Timescale – Immediate

   *SSI 2011 No. 182 - Regulation 4(2)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendations

None

### Quality Statement 1.5

#### Requirements

Murdostoun Brain Injury Rehabilitation Centre must:

2. ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries made include the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

   Timescale – Immediate

   *SSI 2011 No. 182 - Regulations 4(1) and 4(2)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
## Quality Statement 1.6

**Requirements**

**Murdostoun Brain Injury Rehabilitation Centre must:**

### 3

- ensure, having regard to the size and nature of the service and the number and needs of service users, that suitably qualified and competent staff are working in the service in such numbers as are appropriate for the health, safety and welfare of people who use the service.

  - **Timescale – Immediate**
  
  - *SSI 2011 No. 182 - Regulation 12(a)*
  
  - *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

None

## Quality Statement 2.2

**Requirement**

**Murdostoun Brain Injury Rehabilitation Centre must:**

### 4

- ensure that the hydrotherapy pool is drained of all water, thoroughly cleaned and thereafter maintained in a good state of repair.

  - **Timescale – by 31 August 2012**
  
  - *SSI 2011 No. 182 - Regulation 10(2)(b)*
  
  - *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**Recommendations**

None

## Quality Statement 2.4

**Requirement**

**Murdostoun Brain Injury Rehabilitation Centre must:**

### 5

- ensure that staff are suitably trained in the correct management of soiled and contaminated linen.

  - This will ensure there is an appropriate system and process in place for the prevention and control of infection.
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<td><strong>SSI 2011 No. 182 - Regulation 3(d)(i)</strong></td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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**Recommendations**

None

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## Quality Statement 3.2

<table>
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**Recommendations**

We recommend that Murdostoun Brain Injury Rehabilitation Centre should:

- review its staff recruitment processes. This is to ensure that all pre-employment information is fully obtained for each member of staff and kept on file for reference

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## Quality Statement 3.3

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6. ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

This will ensure that all staff are receiving regular performance reviews, appraisals and training appropriate to the work they undertake.

- Timescale – by 31 October 2012

**SSI 2011 No. 182 - Regulation 12(c)(i)and(ii)**

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

**Recommendations**

None
Appendix 2 – Inspection process

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

First, each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

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

We assess performance both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

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

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and people who use the services. We will publish a written report 6 weeks after the inspection.

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

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

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 people’s care.

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

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

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

Appendix 3 – Inspection process flow chart

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

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 Murdostoun Brain Injury Rehabilitation Centre was conducted on Thursday 7 June 2012.

The inspection team consisted of the following members:

Anna Brown
Lead Inspector

Beryl Hogg
Associate Inspector (Locum)
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.

www.healthcareimprovementscotland.org

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