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1 A summary of our inspection

About the service we inspected

Graham Anderson House is a specialist assessment and rehabilitation hospital for people with a non-progressive acquired brain injury. It forms part of the network of specialist rehabilitation centres provided by the Brain Injury Rehabilitation Trust, with the registered provider being The Disabilities Trust.

The service states that it: ‘specialises in the assessment and rehabilitation of people who are experiencing behavioural disorders following a brain injury. Individuals may also have severe cognitive, physical and/or emotional problems including verbal and physical aggression, impaired social functioning, disinhibited behaviours and neuropsychiatric symptoms.’

The service’s goal is to enable service users to function as independently as possible, develop their lives as they choose and participate in the wider community.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may 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 carried out an unannounced inspection to Graham Anderson House on Tuesday 18 and Wednesday 19 October 2016.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

**Quality Theme 0 – Quality of information: 5 - Very good**
- Quality Statement 0.2 – service information: 5 - Very good
- Quality Statement 0.3 – consent to care and treatment: 6 - Excellent

**Quality Theme 1 – Quality of care and support: 4 - Good**
- Quality Statement 1.1 – participation: 5 - Very good
- Quality Statement 1.4 – medicines management: 4 - Good

**Quality Theme 2 – Quality of environment: 5 - Very good**
- Quality Statement 2.2 – layout and facilities: 5 - Very good
- Quality Statement 2.3 – equipment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Statement 3.2 – recruitment and induction: 5 - Very good
Quality Statement 3.3 – workforce: 5 - Very good

Quality Theme 4 – Quality of management and leadership: 5 - Very good
Quality Statement 4.3 – leadership values: 5 - Very good
Quality Statement 4.4 – quality assurance: 5 - Very good

The grading history for Graham Anderson House and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well
The service provided very good information to help service users and their families decide if they wanted to use the service. It actively encouraged its users to be involved in their care and treatment and improving the service as a whole. This included asking patients for their consent to treatment and explaining what this means.

The service worked hard to make sure its staff were safely recruited, well trained and had appropriate development opportunities.

What the service could do better
Graham Anderson House should make sure its medicines management policy is adhered to and develop a medicines reconciliation system. It should review its process for requesting references for new staff and provide a suitable back-up generator to guarantee the continuation of patient care and treatment in the event of major power failure.

This inspection resulted in two requirements and nine recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

We would like to thank all staff at Graham Anderson House for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 17 and 18 February 2015

Recommendation

*We recommend that the service should update the website to ensure information and reports about the service are up to date.*

Action taken

The service had recently updated its website to include photographs, information about service reports and case studies. **This recommendation is met.**

Recommendation

*We recommend that the service should develop ways to gather and record feedback from service users and their families about the environment.*

Action taken

The service had added the condition of the environment to the service users meeting agenda. Service users were actively involved in auditing the environment and participating in any changes required. **This recommendation is met.**

Recommendation

*We recommend that the service should consider the appointment of a discharge co-ordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine 2009.*

Action taken

Staff told us that a lack of appropriate accommodation in the community sometimes made discharging patients difficult. A discharge co-ordinator had not been appointed since our last inspection. **This recommendation is not met** (see recommendation g).

Recommendation

*We recommend that the service should develop an action plan to address the need for nurses to complete rehabilitation training.*

Action taken

The service had raised this with its provider, which had identified it as an aim in its 2015–2016 strategy. The service also planned to introduce new competencies for its nurses imminently. **This recommendation is met.**
Recommendation

We recommend that the service should ensure that the action plan records progress of activities carried out to address gaps identified in the audits.

Action taken
The service had updated its action plan template to provide an extra column to allow staff to track and review progress. **This recommendation is met.**

Recommendation

We recommend that the service should ensure all policies and procedures are reviewed regularly.

Action taken
The service had developed an audit tool and a system of reviewing policies every 6 months to make sure they were up to date. A 'read-and-sign' process was also in place to demonstrate that staff had read any new or updated policies. **This recommendation is met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

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.

Grade awarded for this statement: 5 - Very good

The service provided a variety of written information to current and prospective patients, including:

- a carer handbook
- a family information booklet, and
- a hospital brochure.

Some of these could be downloaded from the service’s website. Prospective patients and their families were given this information and encouraged to visit the service to help decide if it would suit their needs.

Noticeboards were in several areas in the hospital. A noticeboard at reception displayed information about the service for people visiting and included how to make a complaint. Noticeboards in ward areas included:

- advocacy services and whistle-blowing information
- a copy of the service user participation policy, and
- general information about the day to day running of the service, such as the activity timetable.

The service held a yearly seminar for stakeholders to highlight its work. The event was aimed at health and social care professionals working in the field of brain injury.

Areas for improvement

While the service’s website had been updated since our last inspection and was much more relevant, some areas could still be improved. For example, it had no information about translation services. The service could also consider reinstating the ‘virtual tour’ on its website to help prospective service users decide if the Graham Anderson House would suit their needs.

Not all of the family information booklet was written in plain English. This could be reviewed to make it easier to read. We did not see any written information about translation services. However, the service manager explained that translation services could be accessed through the provider. This could be made clearer to prospective patients and their families, so they know it is available.

- No requirements.
- No recommendations.
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: 6 - Excellent

Patient care records showed some patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. Some others were subject to section 47 of the Adults with Incapacity (Scotland) Act 2000. Section 47 of the Act requires the service to take account of the patient’s wishes in determining their present and future treatment, as far as it can. The patient’s wishes are applied when they are unable to give consent for treatment.

We looked at eight patient care records and found they were up to date. The care records also evidenced that each patient participated in developing their care plans. Each care plan contained a consent form which recorded the patient’s consent to:

- administration of medication
- clinical data for research, and
- photographs.

The service aims to rehabilitate its patients through encouraging them to develop or re-learn the skills of everyday living. These skills were risk-assessed and any interventions explained comprehensively. Patients’ skills were evaluated weekly to make sure that if an activity could be harmful or dangerous to a patient, extra support could be given.

All patients were encouraged to attend and represent themselves at in-house case reviews. The service arranged for representatives to accompany patients when they attended mental health review tribunals.

The Mental Health (Care and Treatment) (Scotland) Act 2003 requires that some patients have consent to treatment forms in place. We saw that the appropriate consent to treatment forms were in place and filled out correctly.

From training and induction information, we saw the service encouraged staff to make patients aware of the importance of informed consent.

Advanced statements are care plans made when a patient is well enough to say what they want to happen if they become unwell and cannot communicate their wishes. We saw that patients were encouraged to make advanced statements through advice in the service’s booklets. Staff were encouraged to help patients make advanced statements.

The service provided an easy-to-read guide on patient rights for detained and voluntary patients. Advocacy services information was displayed throughout the service.

- No requirements.
- No recommendations.
Quality Theme 1 – Quality of care and support

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

Grade awarded for this statement: 5 - Very good
The service user participation policy had a variety of methods to encourage involvement from patients and their families. We saw evidence of these methods being used, including:

- comment and suggestion boxes
- family and friends support group
- satisfaction surveys, and
- service user forum.

The service manager responded to any issues identified through these methods. For example, an action plan had been developed after the results of a satisfaction survey had been analysed.

We saw evidence that the service encouraged patients to become involved in a range of areas, such as environmental audits and staff recruitment. The service was redecorating and asked for patient feedback about colours and accessories.

All patients we spoke with said they were fully involved in their care and this was recorded in their care plans. Patients were encouraged to attend their review meetings and helped set their rehabilitation goals. Patients told us:

- ‘I have a lot of discussions with staff. We will talk about it if something is not working right.’
- ‘My opinion is valued.’

Areas for improvement
Collated comments and views could be displayed more clearly to show patients and visitors how their feedback had been acted on.

The service could use its family and friends support group members to help assess new information booklets and discuss changes to its environment. This would allow an opportunity for carer involvement in any changes made.

- No requirements.
- No recommendations.
Quality Statement 1.4

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

Grade awarded for this statement: 4 - Good

Each ward had a separate dedicated treatment room. Medication was issued from a drug trolley, which was securely stored when not in use. A medication administration and recording sheet was in place for every patient. Photographs were used to help identify the patients. Each area had a sterilising unit for medicine cups.

The administration of medication had a two-tier system. The patients’ daily medication was administered from the trolley stock. A pre-packaged box of the patients’ medicines was in place for patients when ‘on pass’ outside of the hospital. The service had policies and guidance to help staff when administering medications.

The service had a patient’s medication self-administration form. The staff at the service were issued with guidance about assessing the patient’s competence when carrying this task out.

A homely remedy sheet is a list of medicines staff can give without a doctor’s prescription. We saw homely remedy sheets in place in all patient care records.

Patients on medicine for diabetes and blood thinners received advice, guidance and booklets to record the blood tests required. A diabetes nurse specialist and anti-coagulant nurse attended the service weekly.

Treatment rooms had information about different ways to administer medication, such as rapid tranquillisation for someone whose mental health has suddenly deteriorated. The service had also introduced a way of administering medication that better preserved patient’s dignity.

Each area had a controlled drugs cupboard in a separate area of the treatment room. We checked the controlled drugs book and saw it was correct. Any errors had been corrected in line with best practice guidelines. The hospital had an accountable officer for controlled drugs.

Areas for improvement

The service’s medication administration sheets did not specify a route of administration, which is the way a medication should be administered. All medication administrations sheets must specify a route of administration to comply with legal and best practice requirements (see requirement 1).

The service should review its service level agreement with its pharmacy advisors. During our inspection, we found the following issues:

- Each ward area had a file for recording fridge and room temperatures. These files had not been regularly completed.
- A system was in place to return any unused or out-of-date medication. While we saw that the medication was recorded, it was not stored securely. This should be stored more securely.
• Some oxygen bottles were not secured safely (see recommendation a).

All sharps bins should be dated when first opened and then again when closed for disposal. We saw these dates were not recorded for some sharps bins in the service (see recommendation b).

While the service had recorded medications that patients had brought in, we saw no evidence of medicines being reconciled. The service should develop a policy and method of reconciling medications which meets best practice guidelines (see recommendation c).

Requirement 1 – Timescale: Immediately on receipt of report

- The provider must ensure that all prescriptions for medications are complete and comply with the law and best practise. A prescription must include how the patient is to be given the medication.

Recommendation a

- We recommend the service should agree a service level agreement with a pharmacy advisor.

Recommendation b

- We recommend the service should make sure all sharps bins are dated when first used to and again when closed for disposal.

Recommendation c

- We recommend that the service should review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service’s procedure for the management of medicines.

Quality Theme 2 – Quality of environment

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: 5 - Very good

The service was provided over two buildings, with most patients cared for in the main building of 24 bedrooms. A separate building at the rear had also recently been built. This extension had four bedrooms and was used for patients capable of more independent living.

The service provided facilities, such as:

- activity rooms and an outdoor gym
- dining rooms and lounges, and
- external courtyards and smoking areas.
The service had provided features to promote a safe environment, including overhead heating, security coded doors and personal alarms. A visitor signing-in procedure was also in place.

A system was in place to manage faults and repairs that staff reported. Records we saw showed that requests were addressed promptly.

Some service users had brought in personal belongings to help make their bedroom more homely. All bedrooms in the service were single with en-suite shower facilities and patients who preferred a bath to a shower could use a large shared bathroom.

The corridors were spacious with plenty of room for mobility equipment to be used if needed. We saw the service’s last accessibility audit, carried out in September 2015. This helped the service to assess its buildings for potential barriers to service user’s rehabilitation.

While some areas of the service were worn, a rolling programme was in place to repaint and repair surfaces. Service users we spoke with told us they were happy with the environment and felt safe and comfortable. All service users had their own personal emergency evacuation plan in place.

Area for improvement

While the areas we inspected were clean and generally well maintained, we did see some minor areas for improvement. The service had clinical hand wash sinks that complied with current guidance. However, the splashbacks behind all the sinks were made of bare wood which is absorbent and cannot be cleaned easily. We discussed replacing these splashbacks with a waterproof finish that can be easily and effectively cleaned (see recommendation d).

- No requirements.

Recommendation d

  - We recommend that the service should replace clinical hand wash sink splashbacks with a material that is waterproof and which can be easily and effectively cleaned.

Quality Statement 2.3

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

Grade awarded for this statement: 5 - Very good

The service had a range of equipment to keep patients safe and minimise risks. We saw it had a comprehensive and proactive approach to managing its essential services and maintaining its equipment. The on-site maintenance team carried out a system of regular equipment checks. We looked at service records for clinical and non-clinical equipment, including equipment which external contractors serviced.

A system was in place for staff to report routine faults to the maintenance team. From the logbook, we saw that repairs were carried out in reasonable timeframes.
A health and safety committee met regularly and discussed accidents and incidents, audits and building management issues. Minutes of the meetings showed that hazards, maintenance issues and problems in the environment were discussed and actioned.

**Areas for improvement**
The service had no on-site back-up generator. This meant that if the service had a power failure, it had no back-up system to guarantee continuity of care for patients (see requirement 2).

The service had a lot of blood glucose recording machines. Any machines that belong to a patient should be labelled and stored securely. Any machines used for multiple patients should be calibrated regularly and the results recorded (see recommendation e).

**Requirement 2 – Timescale: by 31 January 2017**
- The provider must provide and keep an appropriate back-up generator for the service on site and maintain it in suitable working order.

**Recommendation e**
- We recommend that the service should make sure any blood glucose meters which are the property of an individual patient are labelled and stored separately. Any blood glucose meters which are used for multiple patients are calibrated independently and the results recorded.

**Quality Theme 3 – Quality of staffing**

**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 had a recruitment policy which described how it recruited new staff. We looked at five staff personnel files and other recruitment documentation. All files contained information that demonstrated staff had been recruited safely, such as:

- application forms
- interview records
- occupational health assessments, and
- previous employment references.

A system was in place to make sure staff remained registered with their appropriate professional bodies, such as the Nursing and Midwifery Council, General Medical Council and Health and Care Professionals Council. These checks were carried out monthly. A similar system was in place to check that staff were still members of the Protecting Vulnerable Groups scheme.

We saw evidence that patients were involved in recruiting new staff. They attended interviews and asked the candidate questions, making a note of the answers given.
Patients then gave their own comments about the suitability of the candidate. This information was recorded and kept on the prospective staff member’s file. This demonstrated a valued input from patients.

New staff were given a 12 week induction. We saw examples of completed workbooks in the staff files. The service had recently updated its induction workbook to make it more competency-based.

Patients we spoke with all told us that staff treated them with dignity and respect.

**Area for improvement**
As part of the service’s recruitment process, it asked for two references before employing a new member of staff. However, one of the files we inspected contained only one reference which gave very limited information about the employee. While the service had requested a second reference from a different referee, this had not been received or followed up. A February 2016 audit of this staff file had not highlighted the lack of a second reference. The service should review its process for requesting references for new staff to make sure satisfactory references have been received before they start employment (see recommendation f).

- No requirements.

**Recommendation f**
- We recommend that the service should review its process for requesting references for new staff, to ensure it receives satisfactory references prior to staff starting employment.

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

**Grade awarded for this statement: 5 - Very good**
The service had excellent systems to support staff training and development. As well as induction training, staff had access to lots of other training courses.

A multidisciplinary team of staff met the needs of service users. This included:

- healthcare support workers
- nurses
- psychologists, and
- speech and language therapists.

Staff completed refresher training; some training was completed every year, other training every 2 years. Staff’s attendance at training sessions was recorded on a spreadsheet and regularly reviewed to make sure staff kept up to date with their required training. Most training was online through a new electronic training system. Some classroom-based training sessions were also available.

Staff we spoke with understood the service’s model of care and knew where they could find guidance if they needed it. They all told us they felt positive about their
work, well supported and had good access to training and supervision. One staff member told us: ‘We get lots of training here.’

In staff files we looked at, we found records of regular supervision sessions between staff members and their clinical line manager or staff line manager. This reflected what staff told us about the type and how often they received supervision.

Area for improvement
The development of the Eastfields facility had improved the process for discharging patients. However, the service should consider appointing a discharge co-ordinator or social worker to meet the minimum staffing guidance set out in the British Society Rehabilitation Medicine 2009 (see recommendation g).

■ No requirements.

Recommendation g
■ We recommend that the service should consider the appointment of a discharge co-ordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine 2009.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 5 - Very good
Staff we spoke with during this inspection told us the management team was visible and approachable. A structured training plan was in place to help staff’s career progression. The supervision system in place relied on staff input to compile training plans.

The majority of staff we spoke with told us it was a good place to work and that their training needs were met. The service’s psychology team explained how their supervision framework allowed them to develop as practitioners and meet patients’ needs. We saw evidence that staff had opportunities to learn new skills and gain qualifications. This helped them to improve their career opportunities.

Areas for improvement
The majority of staff we spoke with were positive about working in the service. However, they did acknowledge recent difficulties around staffing levels and an increase in challenging behaviour from some patients. While more one-to-one observations had been introduced to help, this had made it more difficult to keep staff on wards. Staff also raised some concerns about effective team working which the service’s management team were aware of. The service manager told us that they were encouraging the nursing team to take a more active role to promote effective working relationships in the multidisciplinary team (see recommendation h).
No requirements.

Recommendation h

We recommend that the service should improve team working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals.

Quality Statement 4.4

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

Grade awarded for this statement: 5 - Very good

The service submitted their self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and gives a measure of how the service has assessed itself against the quality themes and national care standards. We found good quality information that we were able to verify during our inspection.

The service had a comprehensive list of audits, which we saw being carried out. The audits covered the areas of:

- environment
- mental health legislation, and the service’s compliance in this area
- patient care.

The service’s therapeutic and care interventions were risk-assessed. A risk register was in place and all patient care records we saw had up-to-date risk assessments. These correctly linked to each intervention and care need.

We saw evidence that clinical meetings were held monthly and clinical governance meetings held every 3 months.

The committee looked at all aspects of the service’s governance and included:

- adult support and protection
- health and safety
- infection control
- mental health law
- patient safety, and
- quality monitoring.

Audit results were collated and trends were identified. This information was shared with the provider, The Disabilities Trust.

The service had produced an innovative quality assurance initiative called ‘Lifestyles’. Through Lifestyles, the service evaluated the care and support offered to patients and their families. This included auditing care records, nutrition and rehabilitation.
goals. An action plan was produced which named the person responsible for carrying out any recommended actions.

Staff we spoke with told us they would be happy for one of their family members to be admitted to the service.

**Area for improvement**

The service carried out audits according to an audit plan. However, we saw that some audits had not identified areas for improvement where there had been some. For example, during our inspection we found gaps in recording medicines management information and storage of medication. However, the service’s own medicines management audit had not identified these issues (see recommendation i).

- No requirements.

**Recommendation i**

- We recommend that the service should make sure all scheduled audits are carried out comprehensively and thoroughly.
Appendix 1 – Requirements and recommendations

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

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

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

### Quality Statement 1.4

**Requirement**

**The provider must:**

1. ensure that all prescriptions for medications are complete and comply with best practice and legal guidelines. This must include the route of administration (see page 12).

   **Timescale** – immediately on receipt of report

   *Regulation 3(d)(iv)*
   
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   *National Care Standards – Independent Hospitals (Standard 20 – Medicines management)*

**Recommendations**

**We recommend that the service should:**

- **a** review the service level agreement with their pharmacy advisors (see page 12).

  *National Care Standards – Independent Hospitals (Standard 20.4 – Medicines management)*

- **b** make sure all sharps bins are dated when first used to and again when closed for disposal (see page 12).

  *National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of infection)*

- **c** review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service’s procedure for the management of medicines (see page 12).

  *National Care Standards – Independent Hospitals (Standard 20 – Medicines management)*
### Quality Statement 2.2

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

d replace clinical hand wash sink splashbacks with a material that is waterproof and which can be easily and effectively cleaned (see page 13).

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

### Quality Statement 2.3

**Requirement**

The provider must:

2 provide and keep an appropriate back-up generator for the service on site and maintain it in suitable working order (see page 14).

Timescale – by 31 January 2017

Regulation 3a

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

**Recommendation**

**We recommend that the service should:**

e make sure any blood glucose meters which are the property of an individual patient are labelled and stored separately. Any blood glucose meters which are used for multiple patients are calibrated independently and the results recorded (see page 14).

National Care Standards – Independent Hospitals (Standard 15.5 – Your environment)

### Quality Statement 3.2

**Requirements**

None

**Recommendation**

**We recommend that the service should:**

f review its process for requesting references for new staff, to ensure it receives satisfactory references prior to staff starting employment (see page 15).

National Care Standards – Independent Hospitals (Standard 10 – Staff)
### Quality Statement 3.3

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>g</td>
<td>consider the appointment of a discharge co-ordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine 2009 (see page 16).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)</td>
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<tr>
<td>This was previously identified as a recommendation in the February 2015 inspection report for Graham Anderson House.</td>
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### Quality Statement 4.3

<table>
<thead>
<tr>
<th>Requirements</th>
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<tr>
<td><strong>Recommendation</strong></td>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>h</td>
<td>improve team working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals (see page 17).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 21.7 – Allied health and social care professionals)</td>
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### Quality Statement 4.4

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<th>Requirements</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>i</td>
<td>make sure all scheduled audits are carried out comprehensively and thoroughly (see page 18).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 12.1 Clinical effectiveness)</td>
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</table>
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](http://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.