

Unannounced Inspection Report: Independent Healthcare

Monroe House | Castlebeck Care (Teesdale) Limited | Dundee

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

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. You can, however, complain

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

Monroe House is a 26 bed independent psychiatric hospital providing healthcare services for adults with learning disabilities, associated mental health problems and challenging behaviour.

The hospital has 26 en-suite single bedrooms within a two storey building. 'Etive' provides 14 beds for admission and treatment, and 'Anoach' provides 12 beds for rehabilitation. There is a separate day facility 'Corbett Lodge' which is solely for people who stay in Monroe House. There is a secluded garden to the rear of this facility which provides privacy when people who use the service are outdoors. The hospital is situated in the Ardler area of Dundee, close to local amenities and public transport services.

We carried out an unannounced inspection to Monroe House on Wednesday 13 June 2012.

We assessed the service against two Quality Themes related to the National Care Standards.

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 Monroe House can be found in Appendix 4.

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

Quality Theme 1 – Quality of Care and Support: 3 - Adequate

Quality Theme 4 – Quality of Management and Leadership: 3 - Adequate

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

- care plan audits
- care plans
- incident forms
- questionnaires
- medication recording sheets
- minutes from residents' meetings
- minutes from staff meetings
- service user involvement strategy
- staff supervision records, and
- child protection policy.

We had discussions with a variety of people, including:

- the operations manager
- the deputy manager

- registered nurses
- support staff
- three patients, and
- two relatives.

During the inspection we observed how staff cared for and worked with people who use the service. We also looked at the hospital environment. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

Overall, we found evidence at Monroe House that:

- people using the service are supported by a committed and motivated staff group
- people using the service are treated as individuals
- a multidisciplinary approach to care and support is in place, and
- care staff are aware of the individual needs of people using the service and use this information to give support.

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

- ensuring that the quality assurance systems that are in place are used to make sustained improvements, and
- staff are given adequate clinical supervision and are encouraged to use reflective practice to aid learning.

This inspection resulted in no new requirements and seven new recommendations. Three requirements and four recommendations were carried forward from previous reports. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the recommendations can be found in Appendix 1. The requirements and recommendations from the previous reports can be found in section 3 of this report.

Monroe House must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Monroe House 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

The provider is required to ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider is also required to ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

This will ensure that a proper record is kept of medication administered within the service.

Action taken

The service has started to audit the medication recording sheets. While we noted improvement, there were still times when medication was not being signed for. Also when carrying out the audits any areas of non-compliance were being highlighted and then completed retrospectively. These records should only be completed at the time the medication is given to ensure that the record is accurate. Therefore, this requirement will be continued.

Requirement

The provider is required to ensure that staff are able to check the expiry date on all medication which is dispensed to people using the service.

This is to ensure that people using the service do not have their health or safety compromised by use of out of date medication.

Action taken

We checked medication on one ward. We found five examples where staff would be unable to read the expiry date on the medication strips. On three of these occasions, the medication had been dispensed to the service on 9 February 2012. Therefore, this requirement will be continued.

Requirement

The provider is required to ensure that all people's healthcare records are fully completed, reviewed and evaluated.

This is to ensure that each person has an up-to-date healthcare record which sets out how health, safety and welfare needs are to be met.

Action taken

During the inspection, we looked at the service's audit of the healthcare records of people using the service. The audits show that there are still gaps within some of the healthcare records. We saw from looking at patient care records that this was the case. We were told during the inspection that the provider is developing new paperwork for use within the service. Therefore, this requirement will be continued.

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

Recommendation

We recommend that Monroe House should develop a child protection policy to support care staff in the event that a child protection issue arises on the premises.

Action taken

The service has now developed a child protection policy. This recommendation is met.

Recommendation

We recommend that Monroe House reviews and improves all signage to ensure that service users and visitors are assisted in being aware of their surroundings.

Action taken

We were told that signage has not changed since the previous inspection. However, the service is in the process of reviewing their signage with input from speech and language therapy. They are planning to get new signs made following this review. This recommendation is therefore not met. However, as this is only a recommendation and has been outstanding for the last two inspections and the service has indicated it plans to address the issue, it will be removed.

Recommendation

We recommend that Monroe House should identify and develop ways to involve relatives in improving the quality of care and support provided by the service.

Action taken

This recommendation has been reported under Quality Statement 1.1 in this report and is carried forward as recommendation a.

Recommendation

We recommend that Monroe House should review and improve the quality of the recording of the minutes of the monthly meetings between staff and people who use the service. This is to show that action is being taken or has been taken on issues raised.

Action taken

This recommendation has been reported under Quality Statement 1.1 in this report and is carried forward as recommendation b.

Recommendation

We recommend that Monroe House should ensure that staff are formally debriefed following any incidents to ensure they are encouraged to reflect on their own practice.

Action taken

This recommendation has been reported under Quality Statement 4.4 in this report and is carried forward as recommendation j.

Recommendation

We recommend that Monroe House should ensure staff are encouraged to reflect on their practice and identify learning needs during supervision. This should be documented along with plans to address identified learning needs.

Action taken

This recommendation has been reported under Quality Statement 4.3 in this report and is carried forward as recommendation g.

4 Key findings

Quality Theme 1

Quality Statement 1.1

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

Grade awarded for this statement: 3 - Adequate

We found that the opportunities for people who use the service to participate in assessing and improving the way the service was provided were adequate. In this Quality Statement, we have reported on how the service encouraged and supported people to express their views, and influence a variety of aspects of the service. We have also identified ways in which the service could improve this.

There is a service user involvement strategy in place, which identifies the following key priorities in relation to participation and involvement:

- service user consultation
- service user exit interviews, and
- service user involvement forums.

The strategy sets out how these three priorities should be implemented.

There is also a leaflet in an easy read format which explains the ways in which people who use Castlebeck services could have their say about the service they received. Other information is also available in easy read format, including information about the service's complaints procedure.

We looked at care records, and we saw some evidence that service users had been involved in planning their care. We saw that some care plans and risk assessments had been signed by the service user.

We spoke with staff, service users and an advocate who worked in the service. They told us that service users and their families were invited and encouraged to take part in meetings to review their care. The service had recently developed a system called 'My Case Conference' which was designed to help service users prepare for these meetings, and to make it easier for them to take part in the discussions. We got positive feedback from the advocate and from staff about the use of this new system. However, when we looked at records of care review meetings, we did not see evidence of the involvement of service users, or how their views had been taken into account.

Staff we spoke with told us about ways in which relatives of service users were invited and helped to take part in reviews of care. For example, we were told about one relative who lived some distance away, but joined in the review meeting by using teleconferencing equipment.

Staff told us that people using the service were given choices about their care wherever possible, but that sometimes those choices were limited by staff availability. For example, trips out of the service to shops or other social activities might not be possible if there were not enough staff. Also, in the responses to the service user

questionnaires, some people noted that they would like more time for staff to spend with them on a one-to-one basis.

Staff we spoke with told us that service user meetings took place each month. However, there were no minutes from these meetings available from January 2012 onwards. While we were confident that the meetings had taken place, the lack of availability of the minutes suggested that these were not seen as working documents for the staff. It also made it difficult for staff to follow up on any actions that had been identified as necessary during the meetings.

We were told that national service user forums were held each month, in different parts of Scotland. These are organised by the company which owns Monroe House, Castlebeck Care (Teeside) Limited. One service user from Monroe House had recently attended a national forum meeting, and the minutes from these meetings were discussed at service user meetings. However, the minutes of the national forum meetings were not available.

The service had recently undertaken a survey to find out the views of people who used the service. We saw the completed questionnaires, and could see that service users had given positive feedback about some aspects of the service, and had identified some things that they were not happy with. The results of this survey had not yet been collated or analysed to identify the actions the service needed to take to bring about improvements.

In line with the involvement strategy, the service had developed leaving interviews for service users who were moving on from the service. However, these had not yet been used, as no one had moved on since it had been developed.

There had been recent work carried out to redecorate some areas of the service, such as lounges, corridors and bathrooms. We were told that there had been no formal efforts to gather the views of people using the service. For example by providing colour charts to help people to make choices about the redecoration.

Areas for improvement

Overall, we found that the systems in place to gather the views of people who used the service were adequate, but as we have described above, they were not used as effectively as they could be to bring about improvements in the service. We have reflected this in the grade we have given for this Quality Statement.

The service should use the information it gets from meetings, surveys and other participation activity more effectively. This will help identify ways in which the service can be improved. The service will be able to demonstrate that people who use the service can influence the quality of the service in a meaningful way.

The service should continue to put in place the systems it has developed to support people who use the service to have a say in how the service is provided. As some of these systems had not yet been fully implemented, we were not able to see what changes or improvements they had brought about. For example the 'My Case Conference' system and the leaving interviews.

At previous inspections, we had identified the need for the service to be more proactive in the ways in which they supported and encouraged relatives to become involved in the service, and we made a recommendation about this. At this

inspection, we found that the service had made little progress with this, therefore the recommendation is carried forward. See recommendation a.

We also made a recommendation at the last inspection that the service should improve the quality of the recording of minutes of the monthly meetings to show what action had been taken in response to issues raised. As no recent minutes were available, we were not able to see that this recommendation had been achieved. However, from looking at minutes of staff meetings, we saw that they did not always identify the person or persons responsible for any actions, and did not set timescales for completion of any action. It was not always evidenced that actions from previous meetings were revisited to share information on progress. We have also carried forward this recommendation. See recommendation b.

While the service gathers the views of people using the service and carries out audits, it was unclear how this was communicated to the people using the service and to stakeholders. See recommendation c.

We were told that service users had recently been involved in the recruitment of new staff, by taking part in the interview process. We saw evidence of this from forms that service users had completed, giving candidates at interview a score using a pictorial tool. However, it was not clear from the documentation how service users had been prepared for their role at interview, or how their scores were taken into account when making the decision whether or not to employ the candidate. See recommendation d.

While we saw that there was a service user involvement strategy in place, which identified key priorities in relation to participation and involvement, it was not always clear how this was being implemented in the service. See recommendation e.

- No requirements
- **Recommendation a:** We recommend that Monroe House should identify and develop ways to involve relatives in improving the quality of care and support provided by the service.
- **Recommendation b:** We recommend that Monroe House should review and improve the quality of the recording of the minutes of the monthly meetings between staff and people who use the service. This is to show that action is being taken or has been taken on the issues raised.
- **Recommendation c:** We recommend that Monroe House should ensure that they communicate the findings from any questionnaires or audits they undertake with people who use the service and other stakeholders. This will help people comment on whether the information gathered is consistent with their experience of the service.
- **Recommendation d:** We recommend that Monroe House should ensure that there is evidence of how they prepare people who use the service to be involved in the interview process. They should also make clear how their input is used in the final selection of staff.
- **Recommendation e:** We recommend that Monroe House should develop a local implementation plan to identify how the service will meet the key priorities identified in the Service User Involvement Strategy.

Quality Statement 1.2

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

Grade awarded for this statement: 3 - adequate

Both wards in the hospital have folders with access to up-to-date guidance from the Mental Welfare Commission on a range of topics such as consent, restraint and medication. We saw evidence in patient care records where this guidance had been followed. For example where a person using the service had access to their mobile phone restricted.

We also saw that there are resource folders on each ward with easy to read guides on a range of topics such as self-checking for testicular cancer and dementia in learning disability. These guides are in a format that will make them more suitable for use with people who may have communication difficulties.

The service has a training plan in place. This covers all the mandatory training such as health and safety, fire training and Mental Health Act training. Qualified nursing staff have also recently had an advocacy awareness session, which is due to be delivered to support workers. The training plan allows the service managers to see what training all staff within the service have completed and identify any gaps in training provision.

While the majority of support workers do not currently have an SVQ3 qualification, the service has a plan in place to address this. It plans to train support workers who have completed the SVQ to become workplace assessors. This will allow those staff within the service who are not currently qualified to SVQ3 level to be supported to complete this training.

We saw some examples where staff are using current best practice in order to look after the people who use the service. For example we saw that talking mats are used with patients who have communication difficulties to help them be more involved in their care.

Areas for improvement

During the inspection, staff were unable to show us a policy or procedure regarding how to apply the Mental Health (Care and Treatment) (Scotland) Act 2003. There was a policy relating to the Mental Health Act 2007 which applies in England and Wales. See recommendations f and g.

- No requirements
- **Recommendation f:** We recommend that Monroe House should ensure that all policies relate to Scottish Legislation where appropriate.
- **Recommendation g:** We recommend that Monroe House should develop a policy in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003.

Quality Theme 4

Quality Statement 4.3

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

Grade awarded for this statement: 3 - adequate

We were told that members of nursing staff are given responsibility for specific areas within the hospital. For example one nurse takes the lead for infection control.

Nursing staff take responsibility for ensuring standards of care for identified people who use the service. This includes managing the resources of the team who are assigned to look after these people. They are also responsible for ensuring that the person's care record is kept up to date, the person is involved in their care and their needs are being met by the service.

Areas for improvement

During the inspection, we looked at supervision records for three members of staff. One had not had a supervision session since January. The other two members of staff had not had a supervision session since February. This was outwith the timescale identified in their supervision contract. All three had a current appraisal suggesting they were still working towards achieving goals to help them perform their role more effectively. None of these goals were mentioned in the supervision notes that were available since the date of the appraisal. We saw that an audit of patient care records had identified an area of development for one member of staff. This was not then addressed in the supervision records. We made a recommendation regarding effective use of supervision in the previous report. This has been continued, see recommendation h.

We were told that staff have limited involvement in the inspection process. They are made aware of the outcomes of inspection reports and any improvements required. However, they have little involvement in the self-assessment process. Involving staff could help the service better identify areas for improvement. It could also give staff ownership of making these changes. See recommendation i.

We saw that care teams are made up of qualified nurses and support workers. When people using the service have care reviews, the qualified nurse would normally be the one who is involved. We were told that the service has tried to encourage support workers to attend these reviews. The service should continue to encourage better attendance from support workers as they may be able to offer a different perspective on the person's care. See recommendation j.

We were told that while staff take the lead on projects within the service they have limited contact with the wider organisation. The service should encourage staff to become more involved in the wider organisation. This will enable them to influence the care they deliver in a more direct way.

■ No requirements

■ **Recommendation h:** We recommend that Monroe House should ensure that staff are encouraged to reflect on their practice and identify learning

needs during supervision. This should be documented along with plans to address identified learning needs.

- **Recommendation i:** We recommend that Monroe House should consider ways for staff to be more involved in the inspection process.
- **Recommendation j:** We recommend that Monroe House should encourage support workers to attend the formal care reviews for people using the service.

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: 3 - adequate

We saw that the service is carrying out a range of audits. These include patient care record audits, infection control audits and medication audits.

We saw minutes from the clinical governance group within the service. This group discussed areas of risk within the service and how the service plans to manage these risks. The topics discussed include medication errors, recruitment and clinical policy. This group then informs the company-wide clinical governance group, making them aware of any areas of significant concern. The minutes from this group are then distributed within the service.

The service has implemented a new incident reporting system. The system is computerised and allows the service to analyse the data from incidents more easily and effectively. The service can use the system to analyse incidents and gather information such as what time incidents took place, which members of staff were involved and which part of the hospital they took place in. This allows them to identify trends, for example if incidents are more likely at a certain time of day or in a certain area of the hospital. This will allow them to deploy staff more effectively based on an assessment of risk.

As a registered service, Monroe House has a responsibility to inform Healthcare Improvement Scotland of specific incidents within the hospital. For example, they must inform us of any injury to a person using the service or of any outbreak of infection within the service. The service does this in a timely and appropriate way. This allows Healthcare Improvement Scotland to regulate the service effectively and ensure that any areas of concern are addressed appropriately.

Areas for improvement

While the service has a system of audits in place, we saw that these were not always consistently completed within the timescales the service has set out. For example, a daily audit of the medication recording sheets was not always being completed. From the audits that were completed, it was not always clear how these had then been used to make improvements within the service. For example, how the audit results have informed staff supervision or the service training plan.

In the previous report, we recommended that staff are formally debriefed following any incidents. This will allow staff to reflect on their own practice leading up to and during any incidents. Structured debrief allows staff to learn from any incidents and

may help them manage similar incidents more effectively in the future. During the inspection, we were told that staff are not regularly debriefed following incidents. The recommendation made in the last report will be continued, see recommendation k.

As a result of the requirements and recommendations made from the previous inspection, the service provided Healthcare Improvement Scotland with an action plan detailing how the improvements would be made. All the requirements and the majority of recommendations are being continued in this report. We were told that while improvements had been made, these had not always been sustained. The service should ensure their quality assurance systems will identify if improvements made have been sustained.

- No requirements.

- **Recommendation k:** We recommend that Monroe House should ensure that staff are formally debriefed following any incidents to ensure they are encouraged to reflect on their own practice.

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 1.1	
Requirements	
None	
Recommendations	
We recommend that Monroe House should:	
a	identify and develop ways to involve relatives in improving the quality of care and support provided by the service.
b	review and improve the quality of the recording of the minutes of the monthly meetings between staff and people who use the service. This is to show that action is being taken or has been taken on the issues raised.
c	ensure that they communicate the findings from any questionnaires or audits they undertake with people who use the service and other stakeholders. This will help people to comment on whether the information gathered is consistent with their experience of the service.
d	ensure that there is evidence of how they prepare people who use the service to be involved in the interview process. They should also make clear how their input is used in the final selection of staff.
e	develop a local implementation plan to identify how the service will meet the key priorities identified in the service user involvement strategy.

Quality Statement 1.2

Requirements

None

Recommendations

We recommend that Monroe House should:

- f** ensure that all policies relate to Scottish Legislation where appropriate.
- g** develop a policy in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003

Quality Statement 4.3

Requirements

None

Recommendations

We recommend that Monroe House should:

- h** ensure that staff are encouraged to reflect on their practice and identify learning needs during supervision. This should be documented along with plans to address identified learning needs.
- i** consider ways for staff to be more involved in the inspection process.
- j** encourage support workers to attend the formal care reviews for people using the service.

Quality Statement 4.4

Requirements

None

Recommendation

We recommend that Monroe House should:

- k** ensure that staff are formally debriefed following any incidents to ensure they are encouraged to reflect on their own practice.

Requirements carried forward from previous reports

Requirements

The provider is required to ensure that there is a correct record made of the date and time any medication is given to a person using the service or the reason why medication was not given at the prescribed time. The provider is also required to ensure there is a system in place to check that the paperwork is completed correctly and to address any areas of non-compliance.

This will ensure that a proper record is kept of medication administered within the service.

The provider is required to ensure that staff are able to check the expiry date on all medication which is dispensed to people using the service.

This is to ensure that people using the service do not have their health or safety compromised by use of out of date medication.

The provider is required to ensure that all people's healthcare records are fully completed, reviewed and evaluated.

This is to ensure that each person has an up-to-date healthcare record which sets out how health, safety and welfare needs are to be met.

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 patients. We will publish a written report 6 weeks after the inspection.

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

Grading

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

We grade each heading as follows:



We do not give one overall grade for an inspection.

Follow-up activity

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

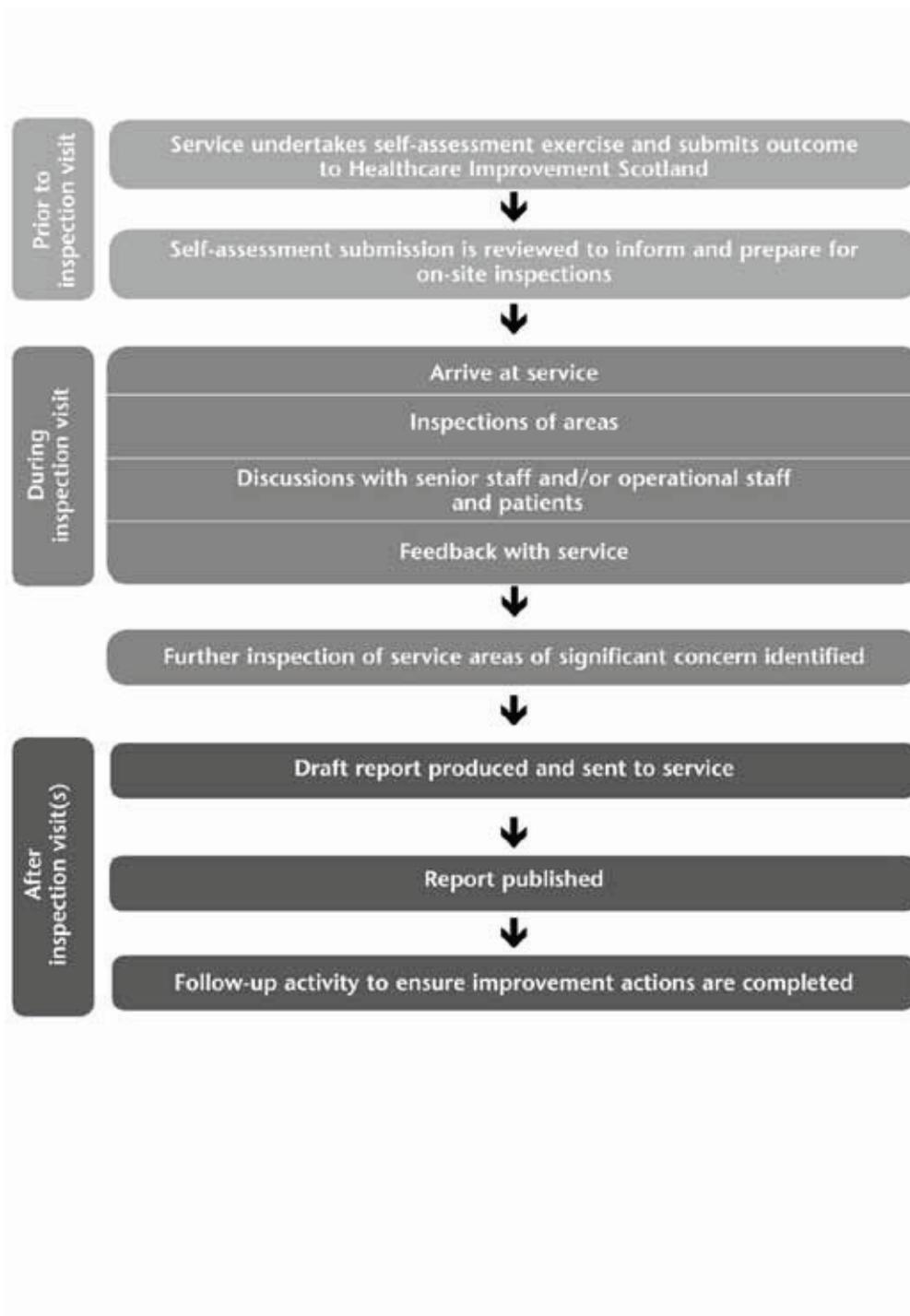
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

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

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

More information about the Healthcare Improvement Scotland, our inspections and methodology can be found at http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to Castlebeck Care (Teesdale) Limited was conducted on 13 May 2012.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Katie Woods
Associate Inspector

Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk

We can also provide this information:

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



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