Unannounced Inspection Report: Independent Healthcare
Surehaven Hospital (Glasgow)
Surehaven Glasgow Ltd, Glasgow
21–22 November 2017
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2017

First published January 2019

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.org
## Contents

1. A summary of our inspection  
2. Progress since our last inspection  
3. What we found during this inspection  

<table>
<thead>
<tr>
<th>Appendix 1 – Requirements and recommendations</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 2 – Who we are and what we do</td>
<td>24</td>
</tr>
</tbody>
</table>
1  A summary of our inspection

About the service we inspected

Surehaven is a 21 bed low secure psychiatric hospital in Drumchapel, on the outskirts of Glasgow. The hospital provides care and treatment for patients with a primary diagnosis of mental disorder, including psychosis, personality disorders, challenging behaviours, mild learning disabilities and patients with a forensic history. The hospital also provides care and treatment for patients who may be liable to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

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 Surehaven Hospital (Glasgow) on 21 and 22 November 2017.

The inspection team was made up of two 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 ten 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: 5 - Very good

**Quality Theme 1 – Quality of care and support: (aggregated score) 3 - Adequate**
- Quality Statement 1.4 – medicines management: 3 - Adequate
- Quality Statement 1.6 – risk management: 5 - Very good

**Quality Theme 2 – Quality of environment: (aggregated score) 3 - Adequate**
- Quality Statement 2.2 – layout and facilities: 4 - Good
- Quality Statement 2.4 – infection prevention and control: 3 - Adequate

**Quality Theme 3 – Quality of staffing: (aggregated score) 4 - Good**
- Quality Statement 3.3 – workforce: 4 - Good
- Quality Statement 3.4 – ethos of respect: 5 - Very good
Quality Theme 4 – Quality of management and leadership: (aggregated score) 4
- Good
Quality Statement 4.3 – leadership values: 4 - Good
Quality Statement 4.4 – quality assurance: 4 - Good

The grading history for Surehaven Hospital (Glasgow) and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

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 was clean, smelled fresh and we saw that housekeeping staff had good systems and process in place. Staff were committed to improving the lives of their patients.

Information given to patients before admission and while they were in the hospital was very good.

Systems were in place to make sure any patients detained under legislation were informed of their rights. The hospital had very clear systems to make sure patients’ detention certificates were renewed or updated on time. Patients’ care plans were very clear and took account of risks resulting from their illness.

What the service could do better
Infection control policies and procedures must be improved in line with best practice. Gas cylinders must be securely stored. All staff must receive a yearly appraisal.

Medicines ordering procedures should be improved and treatment rooms should have more secure storage. All meetings and audits should be carried out regularly and on time.

This inspection resulted in three requirements and 15 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.

Surehaven Glasgow Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Surehaven Hospital (Glasgow) for their assistance during the inspection.
2 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 3 November 2016

Recommendation

We recommend that the service should consider recruiting an additional housekeeper to clean the non-patient areas of the hospital. This will allow housekeeping staff sufficient time to carry out all required cleaning tasks effectively.

Action taken

The service had increased the amount of hours available to housekeeping staff to help make sure all required cleaning was completed. This recommendation is met.

Recommendation

We recommend that the service should review its medicines admission documentation and implement comprehensive recording of medicines reconciliation that meets the guidance set out in the 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.

Action taken

We saw that the hospital had made provisions for the reconciliation of patient medication on admission to the hospital. This recommendation is met.

Recommendation

We recommend that the service should implement a system of auditing medicine storage areas to provide assurance that individual patient’s medications can be easily identified and unused medications are being returned or disposed of safely.

Action taken

Medication, its storage and disposal was audited as part of charge nurses’ monthly audits. We saw that all medications allocated to individual patients were stored correctly. This recommendation is met.

Recommendation

We recommend that the service should develop action plans following audits and ensure that findings are formally actioned and recorded.

Action taken

We saw that action plans with timescales had been developed to address issues identified in audits. 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 information to current and prospective patients in a variety of ways. People could access and download information about the hospital and directions to it through its website. The site lets people know what they would need for their stay, including clothing, current medication, money and valuables. Patients could also request information, through the website or in paper form, about articles that were not allowed.

A member of the service’s staff visited each potential patient to help assess their needs and let the patient know what they can expect from the service. The majority of patients we spoke with agreed that they had received enough information.

Area for improvement

While the service displayed a list of activities it had carried out with its patients throughout the hospital, they had not been updated since July 2017. Staff told us that although a lot of activities had happened since then, the signage had not been updated. We will follow this up at the next inspection.

- 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: 5 - Very good

We looked at eight patient care records. All patients in the hospital were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995.

Patients had a named person who would look after their best interests if they could not do so themselves. We saw that the named people were either awarded power of attorney or had been specifically named to look after the patient’s interest.

An advanced statement is an agreement with the hospital to say how a patient wishes to be treated if they become unwell. From patient care records we looked at, we saw patients were encouraged to make an advanced statement. For patients unable to do this, we saw from care plans that a doctor would determine the interventions needed to meet their needs.
Consent forms were in place for patients who needed help with budgeting their money. These were people who had previously had difficulty managing their money.

Care plans were in place to help manage patients whose detention orders restricted them from activities such as phone calls or internet access.

The hospital followed the best principles of mental health care and treatment. This included home leave or time out of the hospital alone or with members of staff. The hospital tried to make sure that the least restrictive practice of patients was maintained. Patient care records we saw showed that the hospital reminded its patients of their rights every month.

**Area for improvement**

Patients were not given specific consent forms to have their photographs taken or their information shared with other agencies (recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should introduce consent forms for patients to agree to have their photograph taken and information shared with other relevant agencies.

**Quality Theme 1 – Quality of care and support**

**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: 3 - Adequate**

The service had a very comprehensive policy for managing medicines in the hospital.

Prescription cards recorded the patient’s name, date of birth and allergies were recorded. The medication, the amount, the method and how often it should be taken was recorded clearly.

Patient medication was administered from a dedicated room in each ward. These rooms were tidy and uncluttered. Fridge and room temperatures were recorded daily and all stored medicines were in-date. The nurse in charge of the ward for the day had the keys for the drug trolley, cupboards and controlled drugs cabinet.

Staff we spoke with reported that their competency to administer medicines had been observed. We saw specific forms for medicines which no longer needed to be returned to the pharmacy. The hospital had special kits for the destruction of out-of-date controlled drugs.
Patients who had been prescribed particularly strong medicines were closely monitored and blood tests would be taken if needed.

The hospital had a contract with a large nationwide pharmacy. The pharmacy supervised the storage, prescribing and administration of the hospital's medicines. An allocated registered pharmacist met with the consultant every month to discuss each patient's medication regime. The pharmacist audited the hospital's storage of medicines every 3 months.

All patients we spoke with felt they received their medications on time. The majority knew the names of their medications.

**Areas for improvement**

Treatment rooms in the service were quite small and it would be difficult to treat a patient or take bloods in the restricted space. Gas cylinders were unsecured and stored on the floor in the treatment room and in the ward area. Gas cylinders can present a very dangerous risk if the cylinder topples over and gas unexpectedly releases. It is important they are safely stored (requirement 1).

Staff we spoke with told us that some medication was not always delivered to the hospital on time. Medicines ordering sheets were not kept in the treatment rooms and this had led to some medicines being re-ordered (recommendation b).

Not all patient medicines administration and recording files contained the same information. For example, some files did not have the patient's photographs for identification. Different recording and observation sheets had also been used in files for some stronger medications. Some documents could not be securely stored in the files (recommendation c).

Some medicines we saw were not securely stored. They were stored under the drug administration trolley, accessible to anyone in the treatment room (recommendation d).

**Requirement 1 – Timescale: immediately on receipt**

- The provider must ensure that staff are aware of the correct procedure for storage of gas cylinders and that all cylinders are stored safely

**Recommendation b**

- We recommend that the service should develop a medicines ordering system which is centrally held to avoid over-ordering medication.

**Recommendation c**

- We recommend that the service should store its medicines administration and recording files in a uniform manner and make sure that any documents can be securely contained within the file.

**Recommendation d**

- We recommend that the service should provide extra medicines storage cabinets in each treatment room.
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: 5 - Very good

All eight patient care records we looked at had a comprehensive risk assessment. We saw that risk assessments were regularly evaluated and the records were up to date.

When patients in the service became unwell, they could behave in a way that was a risk to themselves or other people. The service had included these risks as part of patient care plans, where the risk was assessed with a plan in place to help minimise and manage the risk. Care plans also evaluated how effective the risk management plan was. We saw that patients had been involved in creating their own care plans and each had an individual plan if the hospital had to be evacuated in an emergency.

The hospital had systems in place to keep patients and staff safe. These included:

- keypad and security pass access into the ward areas
- closed circuit television observation of communal areas
- patient call bells, and
- personal security alarms for staff.

Some patients required a higher level of observation and supervision. Extra staff were in place to carry out the observations and provide a safe environment for the other patients. Clear reasons for the enhanced level of observation and supervision were contained in the patients’ care plans.

A risk register is a log of all the risks that the service has recognised as being potentially damaging to the service. It includes environmental, staffing and financial risks. The service had a risk register in place. We saw that each risk had been assessed for the frequency and how serious it was for the service and for the patients.

We saw that the provider had a company policy in place and guidance for how to escalate any identified risks. Where risks had been identified, they would be discussed at a security and risk meeting.

Area for improvement

We were shown the minutes for the security and risk meetings. We saw that they were not being held as regularly as the service’s policy stated (recommendation e).

- No requirements.

Recommendation e

- We recommend that the service should ensure that the security and risk management meetings take place in line with the provider’s policy.
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: 4 - Good
The service is a purpose-built low secure psychiatric unit with 21 beds over two floors. All rooms are single and have en-suite toilets and showers. The second floor is all-male with access to four male rooms on the ground floor used for rehabilitation. The rest of the ground floor has six female beds. The male and female sections on the ground floor are separated with locked doors.

An alarm system linked patient bedrooms to nurses stations and the staff personal alarm system so staff could respond quickly to any alarms raised. Each ward had rooms for patients to use, including an activity room and a gym for male patients on the second floor.

Other rooms on each floor included treatment room, sluice, and cleaner’s cupboard. The ground floor also had a laundry room.

Outside space included a secure court yard, a smoking area, gardens and parking area. Staff and visitors to the hospital used a sign-in and sign-out system at the front reception. This helped the security of the building.

The service was clutter-free. Maintenance staff showed us service records for equipment, including equipment which external contractors serviced. They also showed us the process for reporting and recording issues with equipment and maintenance and how that was dealt with daily. We saw evidence of environmental risk assessments, including fire and water assessments.

Areas for improvement
The service used some clinical equipment, including blood pressure monitor, pulse oximeter, electrocardiograph (ECG) and blood glucose monitors. No system was in place for clinical equipment maintenance or calibration (recommendation f).

Unsuitable items, such as a guitar, were stored in the sluice. The cleaners’ room supplies were stacked up as it lacked shelving for storage of cleaning equipment. The service should make sure that rooms are correctly used and there is enough cupboards and shelving for supplies to be stored correctly (recommendation g).

■ No requirements.

Recommendation f
■ We recommend that the service should ensure all clinical equipment is regularly maintained and calibrated and this is recorded.
Recommendation g

- We recommend that the service should ensure that rooms are being used correctly and that there is enough cupboards and shelving for supplies to be stored correctly.

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: 3 - Adequate

The service was clean and smelled fresh. We spoke with housekeeping staff and saw domestic cleaning schedules were in place. The domestic supervisor signed these monthly and staff confirmed they signed jobs off when completed.

Clinical staff told us how they managed clinical cleaning rotas and a book was available for sign off when this was completed.

Until recently, a senior staff member had been the service’s infection control lead. However, they had left the hospital and the service manager would carry out this role until a new appointment was made. We saw evidence of completed monthly infection control audits.

Staff completed mandatory online infection control training. We found that staff were generally aware of infection control practice. The service had systems in place to manage waste and sharps disposal.

Areas for improvement

While the provider had an infection control policy in place, it was unsuitable for the hospital services provided and did not reference Scottish legislation (requirement 2).

Staff awareness of the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) was limited (requirement 3).

Patient bedrooms did not have clinical hand wash basins for staff to wash their hands before and after the delivery of care (recommendation h).

We noted that the majority of the service’s hand wash basins did not comply with current standards (recommendation i).

Clinical staff regularly had to clean blood and body fluids. However, staff were unclear about procedures and solutions to be used to manage blood and body fluid spillages. Posters or diluting guidance for use of chlorine-releasing agents were not available for reference and staff were not formally trained in this.

We saw that the service laundered bedding and towels. Staff doing this were unaware of Health Protection Scotland’s national infection prevention and control manual guideline for the thermal disinfection of linen. No formal training had been given to staff in this (recommendation j).
While we saw cleaning schedules in a book for clinical staff, many were not signed and should be developed to reflect what cleaning is being done and when (recommendation k).

It was not clear where infection control issues, including results of audits and action plans were reported to (recommendation l).

**Requirement 2 – Timescale: by 31 July 2018**

- The provider must ensure that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate Scottish legislation).

**Requirement 3 – Timescale: by 31 July 2018**

- The provider must complete a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and take appropriate actions to ensure compliance with the standards.

**Recommendation h**

- We recommend that the service should review hand washing practice and carry out a risk assessment and action plan to address any issues identified.

**Recommendation i**

- We recommend that the service should assess its clinical wash hand basins to inform a risk-based refurbishment plan.

**Recommendation j**

- We recommend that the service should follow the guidance in Health Protection Scotland's national infection prevention and control manual for the management of blood and body fluid spillage and linen and provide face-to-face training for staff.

**Recommendation k**

- We recommend that the service should develop full cleaning schedules for clinical areas and equipment to make sure that high standards of cleaning can be maintained and evidenced.

**Recommendation l**

- We recommend that the service should make sure that infection control is a standing item on the clinical governance meeting agenda.
Quality Theme 3 – Quality of staffing

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

Grade awarded for this statement: 4 - Good
A staff induction process was in place with a package for different staff groups to complete. We asked staff about mandatory training and training opportunities. They agreed they had adequate training and could ask for and access more. Training was a mix of online learning and hands-on approaches. The service’s clinical psychologist had delivered a number of training courses to staff, including in acquired brain injury and personality disorders. While the clinical psychologist had recently left the service, a new clinical psychologist was due to start 1.5 days a week and the service planned to create a new post for a counselling psychologist. It was expected the new staff continue to deliver these training courses.

We saw that online learning was carried out for mandatory training and was tailored to specific staff roles. This was entered into an electronic sheet for senior staff to view. Most staff had completed their allocated training in a reasonable time.

Staff told us they felt well supported and aware of key policies, such as the ‘whistle-blowing’ policy and the protection of vulnerable adults.

The service had been approved to accept nursing students and staff had completed mentorship training to help support students. Healthcare assistants were supported to complete the Scottish vocational qualification for health and social care level 3. A number of Healthcare assistants had went on to complete nursing courses to help further their career.

We saw evidence that registrations for qualified staff were checked and recorded using online verification systems if possible. A system was in place to check these yearly.

Staff we spoke with were motivated and committed to improving the patient’s quality of life and helping their patients to move on. They told us:

- ‘This is a good place to work, it can be demanding but also very rewarding.’
- ‘All the staff work together well to help the patients.’

Patients we spoke with rated the quality of the staff as ‘Good’ or ‘Very Good’. They commented:

- ‘The more experienced, and older staff are the best.’
- ‘They are really good.’
- ‘The activity co-ordinators are very good!’
Areas for improvement
The service had introduced a new system for supervision and appraisal. While regular supervision was taking place, most staff - including nursing staff - had not received yearly appraisals.

Extra staff resources came from overtime, bank or agency staff. The service was experiencing a challenge in recruiting unqualified staff because some staff had recently left or were leaving to complete nursing qualifications. The senior management team was reviewing staff recruitment at the time of our inspection.

Some patients in the service needed increased observation levels to keep themselves and others safe, which sometimes meant two staff had to look after one patient. This was referred to as ‘two-to-one’. Patients we spoke with felt that generally enough staff were on duty. However, when the service had two patients on two-to-ones, some felt the staff were stretched. One patient commented:

- ‘I don’t like to ask, because the staff are busy with the two-to-ones.’

Patients also commented that they felt staff turnover was high which meant that they had to get used to new faces. We will follow this up at future inspections.

We spoke with the service manager about an incident which had resulted in an unauthorised agency healthcare support worker working in the service. We were told that retrospective checks had been carried out and that the service had taken steps to make sure it did not happen again. We will follow this up at future inspections.

■ No requirements.
■ No recommendations.

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

Grade awarded for this statement: 5 - Very good
Interactions we observed between staff and patients were respectful and measured. Patients we spoke with said that they were treated with dignity and respect.

All staff we spoke with said they would be happy to raise any concerns about patient adult support and protection issues. They told us that the multidisciplinary approach to patient care was beneficial to the patients and that all the teams worked well together. Patients were encouraged to attend their multidisciplinary team meeting and all staff involved in the patient’s care were able to attend.

Staff had completed training in ‘compassionate minds’, a learning module to help staff better understand patient needs.

The service held a weekly community meeting where patients could participate. Patients we spoke with gave positive feedback about this meeting and the service had changed and improved its practice based on the issues brought up there.
Patients told us:

- ‘You can talk about the things you want to bring up.’
- ‘You can bring issues up. They are not always acted on, but if not, reasons are given.’
- ‘It’s about how to make the place better. Not about complaints.’

Areas for improvement
Advocacy was arranged as requested for individual patients. It was recognised that some patients may need more support and prompts to request this. The service had implemented ways it might support the patient group to access advocacy, including models used in other services where a regular advocacy clinic is run. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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: 4 - Good
Clinical staff took on the responsibility of a link nurse or champion for different areas. Staff we spoke with knew their roles and responsibilities and reporting structures.

Staff told us they were kept informed about any service developments and thought that management staff were approachable with an open-door policy. The service had started to hold more regular staff meetings and used texts to send staff minutes of the meetings as well as email to help with good communication.

An employee of the month initiative was in place and national ‘Star Awards’ to reward the workforce for initiatives and innovation in the workplace. Staff had won this in the past for ‘care caterer service’ and ‘registered nurse’.

All staff could attend multidisciplinary team meetings. We found good evidence to show that staff were asked to take leadership roles in championing particular topics. These included health and safety, holistic therapies, and training.

Staff we spoke with enjoyed their work and told us they felt they were making a difference to patients’ lives.

Areas for improvement
Staff commented that they did not always receive feedback from issues raised during supervision. We found that supervisors were not always able to resolve or answer an issue raised during supervision. While they would then take this to senior management, this was not always dealt with (recommendation m).
The service had no formal leadership training programme in place. The service could consider how to develop or access leadership training.

- No requirements.

**Recommendation m**

- We recommend that the service should ensure that all issues raised at supervision are recorded and actioned by the appropriate staff including senior management.

**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: 4 - Good**

The service submitted a basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it 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.

We saw that the service had comprehensive quality assurance systems and processes in place. Charge nurses completed monthly audits that covered a number of areas, including patient care records, the environment and medication.

Staff used a list on a whiteboard in the office to help keep patient’s detention certificates up to date. This list gave a renewal dates for patient certificates. Office staff applied for a new certificate 6–8 weeks before the old one expired.

We saw that a staff satisfaction survey had been carried out for 2016–17 and the results had been shared with staff.

The service had developed a new system to comply with the Mental Health (Conflict of interest) (Scotland) Regulations 2017. This requires the service to show that an independent, approved medical practitioner has been consulted when a patient is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The service had improved access for patients to their own finances. In partnership with the Department of Working Pensions, it had developed a process to allow the service to create a communal bank account which the patients could access individually. This was a non-interest bearing account which allowed patients some control over their own finances.

We saw that complaints submitted to the service were dealt with correctly. Any upheld complaint we saw contained an action plan which had been followed up.

Staff were aware of the process to escalate concerns or audit results issues. This was reported and discussed at the clinical governance committee and the security and risk committee.
Areas for improvement
From clinical governance committee and security and risk committee minutes, we saw that some audits and meetings were not carried out or held regularly (recommendation n).

The monthly audits that charge nurses carried out were very large and cumbersome. It could be broken down into separate areas audited monthly. This would allow a more comprehensive evaluation to be carried out every 3 months (recommendation o).

■ No requirements.

Recommendation n
■ We recommend that the service should ensure that all audits and meetings are carried out as per company policy.

Recommendation o
■ We recommend that the service should review the format of the charge nurse’s monthly audit.
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 0.3

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>We recommend that the service should:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong></td>
<td>introduce consent forms for patients to agree to have their photograph taken and to share information with other relevant agencies (see page 8).</td>
</tr>
</tbody>
</table>

  National Care Standards – Independent Hospitals (Standard 14.3 - Information held about you)

### Quality Statement 1.4

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>ensure that staff are aware of the correct procedure for storage of gas cylinders and that all cylinders are stored safely (see page 9).</td>
</tr>
</tbody>
</table>

  Timescale – immediately on receipt

  *Regulation 3(a)*

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

  National Care Standards – Independent Hospitals (Standard 15.5 - Your environment)
Quality Statement 1.4 (continued)

Recommendation
We recommend that the service should:

b develop a medicines ordering system which is centrally held to avoid over-ordering medication (see page 9).

National Care Standards – Independent Hospitals (Standard 21.7 - Allied health and social care professionals)

c store its medicines administration and recording files in a uniform manner and make sure that any documents can be securely contained within the file (see page 9).

National Care Standards – Independent Hospitals (Standard 21.7 - Allied health and social care professionals)

d provide extra medicines storage cabinets in each treatment room (see page 9).

National Care Standards – Independent Hospitals (Standard 21.7 - Allied health and social care professionals)

Quality Statement 1.6

Requirements
None

Recommendation
We recommend that the service should:

e ensure that the security and risk management meetings take place in line with the provider’s policy (see page 10).

National Care Standards – Independent Hospitals (Standard 21.7 - Allied health and social care professionals)

Quality Statement 2.2

Requirements
None

Recommendations
We recommend that the service should:

f ensure all clinical equipment is regularly maintained and calibrated and this is recorded (see page 11).

National Care Standards – Independent Hospitals (Standard 15.5 - Your environment)
**Quality Statement 2.2 (continued)**

| g | ensure that rooms are being used correctly and that there is enough cupboards and shelving for supplies to be stored correctly (see page 12). |
| National Care Standards – Independent Hospitals (Standard 15.5 - Your environment) |

**Quality Statement 2.4**

**Requirements**

**The provider must:**

| 2 | ensure that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate Scottish legislation) (see page 13). |
| Timescale – by 31 July 2018 |

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

*National Care Standards – Independent Hospitals (Standard 13.2 - Your environment)*

| 3 | complete a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and take appropriate actions to ensure compliance with the standards (see page 13). |
| Timescale – by 31 July 2018 |

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

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

**Recommendations**

**We recommend that the service should:**

| h | review hand washing practice and carry out a risk assessment and action plan to address any issues identified (see page 13). |
| National Care Standards – Independent Hospitals (Standard 15.8 - Prevention of infection) |

| i | assess its clinical wash hand basins to inform a risk-based refurbishment plan (see page 13). |
| National Care Standards – Independent Hospitals (Standard 15 - Your environment) |
### Quality Statement 2.4 (continued)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>j</td>
<td>follow the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage and linen and provide face-to-face training for staff (see page 13).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 12.4 - Clinical effectiveness)</td>
</tr>
<tr>
<td>k</td>
<td>develop full cleaning schedules for clinical areas and equipment to make sure that high standards of cleaning can be maintained and evidenced (see page 13).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.1 - Prevention of infection)</td>
</tr>
<tr>
<td>l</td>
<td>make sure that infection control is a standing item on the clinical governance meeting agenda (see page 13).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 13.2 - Prevention of infection)</td>
</tr>
</tbody>
</table>

### Quality Statement 3.3

**Requirement**

**The provider must:**

None

**Recommendations**

None

### Quality Statement 4.3

**Requirements**

None
### Quality Statement 4.3 (continued)

**Recommendation**

**We recommend that the service should:**

| m | ensure that all issues raised at supervision are recorded and actioned by the appropriate staff including senior management (see page 16). |
| National Care Standards – Independent Hospitals (Standard 10.13 - Staff) |

### Quality Statement 4.4

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

| n | ensure that all audits and meetings are carried out as per company policy (see page 18). |
| National Care Standards – Independent Hospitals (Standard 12.1 - Clinical effectiveness) |
| o | review the format of the charge nurse’s monthly audit (see page 18). |
| National Care Standards – Independent Hospitals (Standard 12.2 - Clinical effectiveness) |
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

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

Our contact details are:

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

**Telephone:** 0131 623 4300

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

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

www.healthcareimprovementscotland.org

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