Unannounced Follow-up Inspection Report: Independent Healthcare

The Huntercombe Services - Murdostoun
Brain Injury Rehabilitation Centre,
Huntercombe Properties (Frenchay) Limited, Wishaw

8 December 2016
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

About the service we inspected

The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people aged 16 years and above with a brain injury or other complex neurological conditions.

Located within the grounds of Murdostoun Castle near Newmains, the hospital is a single storey building with single room accommodation. Healthcare services are provided for up to a maximum of 21 people.

Previous inspection

We previously inspected The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre on 5–6 April 2016. That inspection resulted in four requirements and 14 recommendations. As a result of that inspection, Huntercombe Properties (Frenchay) Limited (the provider), produced an improvement action plan and submitted this to us. The inspection report is available on the Healthcare Improvement Scotland website http://www.healthcareimprovementscotland.org/HEI.aspx

About our follow-up inspection

We carried out an unannounced follow-up inspection to The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre on Tuesday 6 December 2016.

The inspection team was made up of two inspectors.

This follow-up inspection is our assessment of the progress the service has made in addressing the requirements and recommendations from the last inspection. This report should be read along with the April 2016 inspection report.

We have not regraded the service as a result of this follow-up inspection as the focus was limited to the action taken as a result of the requirements. Grades may still change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

The grading history for The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre can be found on our website.
We found the following:

- two requirements have been met
- one requirement has been carried forward with a revised timescale for completion
- one requirement has not been met and two new requirements have been made in its place
- three recommendations have been met
- 10 recommendations have been carried forward, and
- one recommendation has not been met and a new recommendation has been made in its place.

Huntercombe Properties (Frenchay) Limited, the provider, must continue to address the remaining requirements and recommendations, and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre for their assistance during the follow-up inspection.
2 Progress since our last inspection

What the provider has done to meet the four requirements and 14 recommendations we made at our last inspection on 5 and 6 April 2016

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.

Requirement

The provider must update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

The service’s timescale for completion for this requirement was 1 June 2016. The service had amended its local policy to make it clear that a complainant could contact Healthcare Improvement Scotland at any time during the complaint process. The service’s patient information booklet was also amended at the time of inspection to reflect this information.

However, the service’s website did not make this information clear. The website stated that complainants should contact the Scottish Public Services Ombudsman if they were unhappy with the service’s response to a complaint. The Scottish Public Services Ombudsman has no jurisdiction over independent healthcare services. The website must be amended to reflect the correct information. This requirement is not met and will be carried forward with a revised timescale of 31 March 2017.

Quality Statement 0.3

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

Recommendation

We recommend that the service should provide consent training for staff to improve awareness.

Action taken

We saw a list of staff members who had attended adults with incapacity training. However, the areas covered in this training were not detailed.

The service manager told us the electronic system holding training records was unavailable at the time of our inspection. Therefore, we were not able to verify that staff had completed training. This recommendation is not met and will be carried forward.
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.

Recommendation
We recommend that the service should separate patient survey results to ensure feedback is unit specific.

Action taken
We were told that survey results from different parts of the service could be identified. The service manager told us a patient survey and a staff survey had recently been carried out. However, the results were not available to us and had not been evaluated at the time of our inspection. This recommendation is not met and will be carried forward.

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.

Recommendation
We recommend that the service should ensure all staff receive training in adult support and protection procedures.

Action taken
The service manager told us that adult support and protection training was planned to start in January 2017. This recommendation is not met and will be carried forward.

Recommendation
We recommend that the service should review provision of electronic care records and ensure consistency of performance and staff access.

Action taken
The service manager told us that all members of staff had been given an access code to access electronic patient care records. The service had decided that staff would need training to be able to efficiently navigate the system. We were told that this training was provided monthly, and one member of staff told us it ‘was getting better’. However, evidence that the training had been provided, was not available at the time of our inspection. This recommendation is not met and will be carried forward.
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.

Recommendation
We recommend that the service should make improvements to the external front entrance of the building to ensure patient safe access and egress.

Action taken
A new wheelchair ramp had been installed. New guard rails were clearly visible and the lighting at the main entrance had been improved with the installation of flood lights. This recommendation is met.

Recommendation
We recommend that the service should upgrade the domestic service room to ensure that it is safe and fit for purpose. Including the installation of a suitable sink for disposing of dirty water. Scottish Health Technical Memorandum 64: Sanitary Assemblies (December 2009).

Action taken
The domestic service room was being refurbished at the time of our inspection. New wall panels had been fitted and a sluice unit installation was planned. This recommendation is not met and will be carried forward.

Recommendation
We recommend that the service should ensure the bath and surrounds are repaired and safe for patient use or decommissioned and removed.

Action taken
The service had installed a new bath surround and it was properly sealed. This recommendation is met.
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).

Requirement

The provider must ensure that there are appropriate systems and processes in place for all aspects of care and treatment including infection control. To do this, the provider must:

(a) ensure all staff receive training appropriate to their roles and that this is recorded and monitored
(b) implement a robust auditing and reporting system
(c) ensure that information in regards to infection prevention and control is current reflects best practice and is accessible to all staff.

As best practice, the service should adopt the Health Protection Scotland’s National Infection Prevention and Control Manual (2015).

Action taken

The service’s timescale for completion for this requirement was 1 July 2016. The service manager told us that infection control training had been included in staff induction. We were also told that a yearly infection control training programme had started. However, no evidence was available to demonstrate this.

A new infection control audit tool had been introduced since our last inspection. One audit was available to inspect. This audit was not dated and an action plan had not been developed to demonstrate improvements made from the results. The audit tool was long and did not take account of the requirements of Healthcare Improvement Scotland's Healthcare Associated Infection Standards.

Staff followed the infection control policies and procedures in the provider’s corporate infection control policy and procedures manual. All policies in this manual referred to English legislation, guidance and professional bodies. The provider was reviewing this manual at the time of our inspection. The provider must make sure this review takes into account all relevant Scottish legislation and guidance. This requirement is not met (see requirement 1 and requirement 2).

Requirement 1 – Timescale: by 31 March 2017

- The provider must carry out a formal review of its corporate infection control policy and procedures manual. The outcome of this review must ensure that all policies and procedures take account of current legislation and best practice (where appropriate Scottish legislation).
Requirement 2 – Timescale: by 31 March 2017

- The provider must carry out a formal review of the service against the Healthcare Improvement Scotland Healthcare Associated Infection Standards (2015) and take appropriate action to ensure compliance with the standards. This process must include:

  (a) undertaking a review of the services’ current infection control audit programme against the standards
  (b) provision of appropriate staff training in infection control, and
  (c) implementation of an effective system of recording and monitoring staff training.

Recommendation

We recommend that the service should review the laundry area and investigate alternative storage options for dirty laundry to avoid build up.

Action taken

The laundry area’s design had been improved. A new boxed-off area had been built against the inside wall of the laundry for the storage of excess dirty linen. This recommendation is met.

Recommendation

We recommend that the service should implement a system to regularly monitor staff’s hand hygiene practice.

Action taken

The service was unable to provide evidence that this recommendation had been acted on. This recommendation is not met and is carried forward.

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.

Requirement

The provider must not employ any person who does not have the qualifications, skills and experience necessary for the work the person is to performance. To do this the provider must ensure that a robust recruitment system is in place which includes uptake of appropriate references and confirmation of qualifications.

This was previously identified as a requirement in the 8 April 2015 inspection report for The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre.

Action taken

The service’s timescale for completion for this requirement was immediately on receipt of report. We spoke with the human resources manager and saw a spreadsheet they had developed to track the process of recruiting staff. We also
looked at five files for staff employed in the service since our last inspection. While there were still gaps in the information held, we saw a significant improvement on the standard found at the last inspection. This requirement is met.

The service should continue to use its new recruitment spreadsheet to make sure all appropriate information is kept. The service could consider introducing a programme of auditing recruitment files to make sure the recruitment process works effectively.

**Requirement**

*The provider must ensure that each person employed in the provision of the independent healthcare service receives regular supervision, performance review and appraisals.*

**Action taken**

The service’s timescale for completion for this requirement was 1 July 2016. We looked at six annual supervision records from 2016. These records all followed the same template and the relevant supervisor had completed them consistently. The person being supervised had also signed the records. The records demonstrated that issues carried forward from previous supervision sessions were discussed. This requirement is met.

**Recommendation**

*We recommend that the service should ensure that records are available to confirm that staff have undertaken induction to the service appropriate to their role.*

**Action taken**

The human resources manager explained that new staff are given an induction booklet when they start employment. These booklets must be completed over their 3 month probationary period, under the supervision of their named mentor. The booklet should be handed in at the end of the probationary period and kept on the staff file. We looked at five staff files and only one contained a completed induction booklet. This recommendation is not met (see recommendation a).

**Recommendation a**

- We recommend that the service should implement a system of follow-up checks to ensure the induction process for new staff is being properly carried out and recorded. Records should be kept to demonstrate that staff have received an appropriate induction.

**Recommendation**

*We recommend that the service should ensure that robust systems are in place to record and review staff training.*

**Action taken**

The service was unable to provide any evidence to demonstrate that this recommendation had been acted on. This recommendation is not met and is carried forward.
Recommendation

*We recommend that the service should ensure that records are available to confirm that staff have undertaken induction to the service appropriate to their role.*

**Action taken**

The service was unable to provide evidence that this recommendation had been acted on. **This recommendation is not met** and is carried forward.

**Quality Theme 4 – Quality of management and leadership**

**Quality Statement 4.4**

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

**Recommendation**

*We recommend that the service should implement a system to ensure action plans are properly developed and progressed.*

**Action taken**

While we saw a programme of audit templates, no completed audits were available to inspect. Minutes from the service’s clinical governance meeting also highlighted that more structured action plans were required. However, we saw no evidence of actions taken to address this. **This recommendation is not met** and will be carried forward.

**Recommendation**

*We recommend that the service should communicate findings of quality assurance activities and outcomes more effectively to staff.*

This was previously identified as a recommendation in the 8 April 2015 inspection report for The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre.

**Action taken**

The service reported it was still investigating the best way of communicating this information to its staff. **This recommendation is not met** and will be carried forward.
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.

<table>
<thead>
<tr>
<th>Quality Statement 2.4</th>
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<td><strong>Requirements</strong></td>
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<td><strong>The provider must:</strong></td>
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<th><strong>Recommendations</strong></th>
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### Quality Statement 3.3

<table>
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<th>Requirements</th>
<th>None</th>
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<th>Recommendation</th>
<th><strong>We recommend that the service should:</strong></th>
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<tr>
<td><strong>a</strong></td>
<td>implement a system of follow-up checks to ensure the induction process for new staff is being properly carried out and recorded. Records should be kept to demonstrate that staff have received an appropriate induction (see page 11).</td>
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National Care Standards – Independent Hospitals (Standard 10.7 – Staff)

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**Requirement carried forward from our 5–6 April 2016 inspection**

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<tr>
<th>The provider must:</th>
<th>update the patient information to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 6).</th>
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<td>Timescale – by 31 March 2017</td>
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*Regulation 15 (6)(a)*

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

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**Recommendations carried forward from our 5–6 April 2016 inspection**

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<th><strong>We recommend that the service should:</strong></th>
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<td>provide consent training for staff to improve awareness (see page 6).</td>
<td>National Care Standards – Independent Hospitals (Standard 26.1 – Mental Health Care)</td>
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<tr>
<td>separate patient survey results to ensure feedback is unit specific (see page 7).</td>
<td>National Care Standards – Independent Hospitals (Standard 9.3 – Expressing your views)</td>
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<tr>
<td>ensure all staff receive training in adult support and protection procedures (see page 7).</td>
<td>National Care Standards – Independent Hospitals (Standard 10.7 – Staff)</td>
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</table>
review provision of electronic care records and ensure consistency of performance and staff access (see page 7).

National Care Standards – Independent Hospitals (Standard 14.5 – Information held about you)

upgrade the domestic service room to ensure that it is safe and fit for purpose. Including the installation of a suitable sink for disposing of dirty water *Scottish Health Technical Memorandum 64: Sanitary Assemblies* (December 2009) (see page 8).

National Care Standards – Independent Hospitals (Standard 15.2 – Your environment)

implement a system to regularly monitor staff’s hand hygiene practice (see page 10).

National Care Standards – Independent Hospitals (Standard 10.9 – Staff)

ensure that robust systems are in place to record and review staff training (see page 11).

National Care Standards – Independent Hospitals (Standard 10.2 – Staff)

ensure that records are available to confirm that staff have undertaken induction to the service appropriate to their role (see page 12).

National Care Standards – Independent Hospitals (Standard 10.2 – Staff)

implement a system to ensure action plans are properly developed and progressed (see page 12).

National Care Standards – Independent Hospitals (Standard 10.9 – Staff)

communicate findings of quality assurance activities and outcomes more effectively to staff (see page 12).

This was previously identified as a recommendation in the 8 April 2015 inspection report for The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre.

National Care Standards – Independent Hospitals (Standard 10.9 – Staff)
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.