Unannounced Inspection Report: Independent Healthcare

Service: Scottish Epilepsy Centre, Glasgow
Service Provider: Quarriers

8 May 2019
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 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 23–24 May 2017

Requirement
The provider must ensure that a thorough examination of the passenger lift and hoists are completed in line with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

Action taken
We saw that the service had completed the examination of the lift and hoists. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 23–24 May 2017

Recommendation
We recommend that the service should amend its complaints information to let patients know that they can contact Healthcare Improvement Scotland at any time during the complaints process. This should include the correct details.

Action taken
The service included the correct details on all patient-facing literature. This recommendation is met.

Recommendation
We recommend that the service should include information about advocacy services throughout the service and in the patient information pack.

Action taken
While an advocacy leaflet was included in the patient information pack, it did not include enough information. This recommendation is not met (see recommendation a).
**Recommendation**

_We recommend that the service should ensure that all the side effects of medication changes are explained and fully recorded in the patient consultation notes._

**Action taken**

From patient care records, we saw that their named nurse fully explained all side effects of medication, and that this was fully documented. **This recommendation is met.**

**Recommendation**

_We recommend that the service should update its patient information pack to include information about the role of the patient participation co-ordinator._

**Action taken**

The patient information pack had been updated. **This recommendation is met.**

**Recommendation**

_We recommend that the service should complete risk assessments for all appropriate work tasks. These risk assessments, and the risk register, should be reviewed on a regular basis._

**Action taken**

While some progress had been made, not all risk assessments had been completed and included on the service’s risk register. **This recommendation is not met** (see recommendation b).

**Recommendation**

_We recommend that the service should ensure compliance with Health Protection Scotland’s National Infection Prevention and Control Manual when laundering linen._

**Action taken**

We saw that the service complied with Health Protection Scotland’s *National Infection Prevention and Control Manual* when laundering linen. **This recommendation is met.**
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to the Scottish Epilepsy Centre on Wednesday 8 May 2019. We spoke with a number of staff, patients and partners during the inspection. The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For the Scottish Epilepsy Centre, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients praised the service highly. Continuous quality improvement was embedded in the way the service assessed, planned, implemented and evaluated the care it provided. More information about advocacy services should be shared with patients.</td>
<td>✔️ Good</td>
<td></td>
</tr>
</tbody>
</table>

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | The service had been designed with patient safety as a priority. Care systems unique to people with epilepsy had been developed. Systems were continually monitored and evaluated to help make sure that patients were safe and comfortable. | ✔️ Good |
### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service had a well-defined leadership structure and an effective governance framework helped deliver safe, person-centred and evidence-based care. A quality management framework supported the service to self-evaluate performance and prioritise plans for improvement. A comprehensive quality improvement plan set out the key objectives and operational priorities for the service to deliver its strategic goals in line with its strategic plan.</td>
<td>☑️ ☑️ ☑️ Exceptional</td>
</tr>
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</table>

The following additional quality indicators were inspected against during this inspection.

#### Additional quality indicators inspected (ungraded)

##### Domain 4 – Impact on community

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
<tbody>
<tr>
<td>4.1 - The organisation’s success in working with and engaging the local community</td>
<td>The service had developed local and national networks which allowed it to engage with communities. We saw good examples of the local community influencing improvement in the service, along with national work to increase the profile of epilepsy and improve access to epilepsy services.</td>
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##### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient assessments were very thorough. The service developed new and creative ways to make sure its patients received very high quality care in epilepsy management.</td>
</tr>
<tr>
<td>Quality indicator</td>
<td>Summary findings</td>
</tr>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Effective systems and processes were in place to safely recruit staff. Patients were supported by a stable, appropriately skilled and experienced staff group. Staff received good opportunities for training and development and had a clear record of planned learning. Regular supervision and appraisal was used constructively and staff competencies were regularly assessed.</td>
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</table>

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.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Quarriers to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Scottish Epilepsy Centre for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients praised the service highly. Continuous quality improvement was embedded in the way the service assessed patients’ care needs, and planned, implemented and evaluated the care it provided. More information about advocacy services should be shared with patients.

The Scottish Epilepsy Centre used a variety of methods to gather patient feedback, including:

- asking every patient to complete a satisfaction survey at the end of their stay
- monthly meetings between patients and the management team, and
- weekly meetings between every patient and their named nurse.

The patient participation co-ordinator was part of the interview panels and represented patients’ views during the recruitment process.

The participation policy was clearly available on the service’s website in standard and easy-to-read format. The policy described how patients would be involved in decisions about their care and treatment as well as how they could provide feedback.

The Scottish Epilepsy Centre used a tool it developed in line with the ‘NHS Better Together Framework’ to analyse all of the patients’ feedback received. The tool allowed the service to benchmark with other care and NHS services across Scotland, identifying areas for improvement. Feedback analysis we saw from the tool consistently showed a very high level of patient satisfaction and person-centred care.
The service had made changes based on patient feedback, such as adding new food choices and new exercise equipment. Staff also stopped wearing uniforms based on patient feedback.

The service’s June 2018 self-evaluation evidenced continuous quality improvement in person-centred care, which was also part of staff objectives and the strategic plan. The service continually identified areas it could improve and updated action plans to make sure each area was addressed. The improved areas were measured and evaluated.

Staff were aware of the service’s strategic plan and told us about the quality management approach used in its development. They explained how the plan promoted the service and helped make sure access to the service was wider and more equitable.

Patients we spoke with complimented the hospital, staff and the service provided; one commenting they felt ‘privileged’ to have a place there. They also told us they felt involved in their care and their views were listened to.

Staff told us patients’ views about service and improvement were valued and people who had used the service were invited to attend patient meetings to remain involved with service development. From minutes of these meetings, we saw local and national issues were discussed and patients we spoke with talked positively about them. Patients were informed of any decisions made through noticeboards, minutes and from arranged meetings with staff.

The service’s complaints leaflet was available throughout the hospital and described how to make a complaint. It had the correct details for Healthcare Improvement Scotland.

**What needs to improve**

The advocacy leaflet in the patient information pack did not have information about what advocacy could do for patients or how the advocacy service could be contacted (recommendation a).

- No requirements.

**Recommendation a**

- We recommend that the service should amend its patient information pack to include more information about advocacy services.
Domain 4 – Impact on the community

High performing healthcare organisations have a proactive approach to engaging and working with the local community that inspires public confidence.

Our findings

Quality indicator 4.1 - The organisation’s success in working with and engaging the local community

The service had developed local and national networks which allowed it to engage with communities. We saw good examples of the local community influencing improvement in the service, along with national work to increase the profile of epilepsy and improve access to epilepsy services.

The Scottish Epilepsy Centre’s 2018 self-evaluation highlighted its work in partnership with the local community and other organisations. For example, the service manager told us community engagement had been part of the design process for the premises.

The service received support from a local GP practice and community pharmacy, and all four patients we spoke with said it was a good service. Patients were temporarily registered with the practice and GPs carried out the initial medical examinations, prescribed medications and attended multidisciplinary team meetings. The community pharmacy supplied the service with some of its medicines. Staff we spoke with told us they thought the arrangements with the GP practice and community pharmacy worked well.

The service manager told us the service had a good level of public engagement in community-wide ‘doors open’ days. These were where local people visited the service with an interest in the building, epilepsy or the service’s history. We were told the patients in the service at these times were positive about the initiative. The service also sought to recruit locally.

The service manager chaired the Neurological Alliance of Scotland, which aimed to make sure a national referral pathway was in place. We saw evidence that access for patients to the Scottish Epilepsy Centre had improved since 2018

- No requirements.
- No recommendations.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service had been designed with patient safety as a priority. Care systems unique to people with epilepsy had been developed. Systems were continually monitored and evaluated to help make sure that patients were safe and comfortable.

We saw risk management processes in place to maintain patients’ and staff safety. For example, the service had developed a ‘seizure risk assessment score’ tool to help identify patients most at risk from seizures. This was continually monitored and had benefitted the assessment and treatment of patients.

Every patient we saw had a completed risk management assessment and plan tailored to meet their own care needs.

The environment was well thought out and designed with features to look after people with epilepsy.

Patients had their own call bell and the closed circuit television helped staff observe the patients so they could respond quickly. Nurses on duty carried out 30-minute observations where they made personal contact with the patient.

Patients signed a consent form with information about their treatment when they were admitted to the service. The form also explained there may be times when the hospital may have to give extra medicines if they are having a seizure. The service had made sure it used the most clinically recommended medicines to deal with a seizure. Patients were also asked if they consented to the service using their personal information for its research.
Staff explained to patients about the equipment used when assessing their illness, including closed circuit television and alarms placed under their mattress which alerted staff to abnormal physical activity, such as a seizure. Patients could consent to these conditions or withdraw their consent at any time.

All patient medication was checked and a decision made if it was still needed on admission as part of the service’s comprehensive patient medicine management systems.

The service has a policy on the protection of vulnerable groups which was reviewed regularly. The staff we spoke with showed good awareness of the policy and how to implement it if needed.

An identified nurse was responsible for making sure all infection prevention and control measures were audited and the results were shared with the senior management team. We saw that the service measured and recorded all aspects of safe care and improvement actions had a timescale for completion.

**What needs to improve**

We saw that not all of the service’s risk assessments had been completed and included on its risk register (recommendation b).

No requirements.

**Recommendation b**

- We recommend that the service should complete risk assessments for all appropriate work tasks. These risk assessments, and the risk register, should be regularly reviewed.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

*Patient assessments were very thorough. The service developed new and creative ways to make sure its patients received very high quality care in epilepsy management.*

Patient care records we reviewed showed comprehensive consultations and assessments were carried out before treatment, including taking a full medical history. Treatment risks and benefits were explained to patients and a consent
form was completed. We saw treatment plans were developed and agreed with the individual.

Patients had weekly meetings with their named nurse, which included explanations of side effects or reactions to changes in their medication.

Patients were given verbal and written aftercare advice. If a patient’s first language was not English, the service would ask they consented to bringing someone along to the appointment who would explain the treatment process.

- No requirements.
- No recommendations.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

Effective systems and processes were in place to safely recruit staff. Patients were supported by a stable, appropriately skilled and experienced staff group. Staff received good opportunities for training and development and had a clear record of planned learning. Regular supervision and appraisal was used constructively and staff competencies were regularly assessed.

Safe, effective systems and processes were in place for staff recruitment. All pre-employment checks had been carried out in line with the recruitment policy and registration requirements in the six staff files we reviewed. For example, staff did not begin work in the service until references, professional registration and Disclosure Scotland checks were completed.

All staff we spoke with told us they had an induction with a period of shadowing more experienced staff, face-to-face discussions and mentor support. Staff told us their individual learning and development needs were identified and supported during the induction process and probationary period. Competency-based assessments, appraisals and professional development plans were available in all staff files we reviewed. This helped make sure staff had the correct skills and knowledge to deliver high quality patient care and support.
Staff we spoke with demonstrated good knowledge and understanding of their role and told us they had good opportunities for ongoing training and development. Staff files we saw had recorded completed mandatory, refresher and specialist training and all files had a personal development plan included. Audits of supervision records, appraisals and attendance at training showed very good compliance.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had a well-defined leadership structure and an effective governance framework helped deliver safe, person-centred and evidenced-based care. A quality management framework supported the service to self-evaluate performance and prioritise plans for improvement. A comprehensive quality improvement plan set out the key objectives and operational priorities for the service to deliver its strategic goals in line with its strategic plan.

The service had a clear leadership structure with well-defined roles and used a quality management framework to evaluate its performance and drive improvement. As part of this quality management framework, senior managers set up a local network of five leadership and improvement groups, which were led by frontline senior staff to support continuous improvement across the whole service. Staff we spoke with told us they felt this network helped develop leadership qualities at all levels.

The senior management team described its collaborative approach to planning and service improvement. For example, in 2019 the staff engagement group had been involved in:

- a trial of an online staff forum to improve communication
- developing a ‘lessons learned’ bulletin following complaints and incidents, and
- introducing a ‘What Matters to You’ approach to encourage staff to share their ideas for service improvement.

Staff we spoke with told us the senior management team was approachable and they felt valued and well supported in their role. The senior management team actively participated in some of the network of improvement groups and staff...
had a clear understanding of the organisation’s vision and values. The service’s most recent staff survey showed that 81% felt able to contribute their views and ideas and 87% felt confident they had the necessary skills to do their job.

Inclusion and equality were part of the service’s culture and had led to some innovative practice based on patient feedback, including the following.

- The content of the patient information pack was reviewed and a copy of the National Health and Social Care Standards had been added, so patients knew the level of care and support they could expect. Ex-patients had been involved in this review.
- A food and nutrition improvement group involving staff and patients was established following patients’ comments about the food to provide ongoing monitoring of food quality.

We saw effective governance systems in the service. An independent clinical governance committee supported the provider, Quarriers, to follow an evidence-based approach to improving patient clinical outcomes. This was an independent committee giving an overview of the service’s performance.

Patient feedback and relevant audits, for example complaints were used to assess the patient experience. Those showed good compliance in the safe delivery of patient care. We saw a system in place to identify risks in the service, where improvement actions and their progress were reported. Root causes of incidents were also analysed to learn lessons and improve future practice. A risk management improvement group oversaw risk management activities in the service. The service also compared results from patient satisfaction and the staff survey against NHS results to monitor trends and improvement.

The service had published peer-reviewed studies of clinical evidence and clinical effectiveness around epilepsy. It had won national awards for patient safety and the European Foundation for Quality Management (EFQM) had given it an award for its quality management framework.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, 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.

### Domain 2 – Impact on people experiencing care, carers and families

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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>a  We recommend that the service should amend its patient information pack to include more information about advocacy services (see page 10).</td>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

This was previously identified as a recommendation in the May 2017 inspection report for the Scottish Epilepsy Centre.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

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<tr>
<td>None</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11.

This was previously identified as a recommendation in the May 2017 inspection report for the Scottish Epilepsy Centre.
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us. We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service. Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families. We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

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](mailto:comments.his@nhs.net)