Unannounced Follow-up Inspection Report: Independent Healthcare

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

19 April 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

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www.healthcareimprovementscotland.org
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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 8 December 2016. The purpose of that inspection was to follow-up on the requirements and recommendations we made at our earlier inspection on 5 and 6 April 2016. Our findings from the December 2016 follow-up inspection was that insufficient progress had been made towards improvement. It resulted in three requirements and 11 recommendations, 10 of which had been carried forward from the 5 April 2016 inspection.

Huntercombe Properties (Frenchay) Limited (the provider), produced an improvement action plan in response to the December 2016 follow-up inspection. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

About our follow-up inspection
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 and December 2016 inspection reports.

We have not re-graded the service as a result of this follow-up inspection as the focus was limited to the actions taken as a result of the findings from the previous inspection reports. 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 noted that the service had made little progress towards addressing the requirements and recommendations made at our previous inspections. We found that:

- one requirement has been met
- one requirement has not been met and is carried forward with a revised timescale
- one requirement has been partially met and is carried forward with a revised timescale
- five recommendations have been met
- three recommendations have not been met and are carried forward, and
- two recommendations have been partially met and are carried forward.

We had a further meeting on 18 May 2017 with the manager of the service and senior managers of the Huntercombe Group. The purpose of the meeting was to discuss the services' lack of progress in addressing the requirements and recommendations from our previous reports. Senior managers told us the Huntercombe Group had recently undergone a management restructure. A new quality team had been introduced and a policy working group established. We were given assurances that this new way of working would provide improved oversight and governance of the service.

Huntercombe Properties (Frenchay) Limited, the provider, must continue to address the remaining two requirements and five 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 requirements and recommendations we made at our last inspection on 8 December 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 31 March 2017.

We saw that the service’s website still contained incorrect information describing how service users could refer complaints to the Scottish Public Services Ombudsman. This information was amended during our visit and now contains the correct information. This requirement is met.

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

Action taken
We saw evidence that some training had been carried out, with approximately 25% of staff having received consent training. However, the remainder of the staff had yet to receive this training. This recommendation is partially 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 the service should separate patient survey results to ensure feedback is unit specific.

Action taken
An independent consultant carried out a patient survey on 26 January 2017. There are two separate services located on the same site, the Brain Injury Rehabilitation Centre and the neurological care centre. We saw that the patient survey results clearly differentiated between the two units. The survey also compared The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre to other similar services. No action plan was available to address the issues raised in the survey. The service manager told us that an action plan was due to be developed in May 2017. This recommendation is met.

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

Action taken
The service reported that this training has not yet started. The agreed completion date had not been reached at the time of inspection. This recommendation is not met and will be carried forward.

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

Action taken
We examined staff training records and saw evidence that all relevant staff had received training in the use of the electronic records system. We spoke with six members of staff and they all reported that they had received training. This recommendation is met.
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 the service should upgrade the domestic service room to make sure 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 services room had been upgraded and appropriate provision had been made for the disposal of dirty water. 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 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).

Action taken
The service’s timescale for completion for this requirement was 31 March 2017.

During our inspection it was evident that this review had not been undertaken. All infection control policies remained the same and referred to English legislation, standards, guidance and professional bodies throughout. However, during our subsequent meeting with senior managers, we were assured that a review had now started. We discussed how this review must ensure that the processes described in all policies reflect Scottish legislation, standards and guidance. This requirement is not met and will be carried forward with a revised timescale of 31 August 2017.

Requirement
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.

**Action taken**
The service’s timescale for completion for this requirement was 31 March 2017.

We saw evidence of an infection control training pack that demonstrated reference to the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. We also saw evidence that a spreadsheet had been developed to record staff training and monitor attendance. Approximately two thirds of staff had received this training, with the remainder being planned for the near future.

However, we saw no evidence that the audit programme had been reviewed, to bring it in line with the requirements of the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. During our subsequent meeting with senior managers, we were assured that the audit programme would be reviewed. **This requirement is partially met** and will be carried forward with a revised timescale of 31 August 2017.

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

**Action taken**
A new hand hygiene monitoring form had been developed, based on the World Health Organisation’s Five Moments of Hand Hygiene. The service manager told us that charge nurses use this form to monitor staff’s hand hygiene. However, the frequency of monitoring had not been determined and there were no completed forms available to demonstrate monitoring was actually taking place. **This recommendation is partially met** and will be carried forward.

**Quality Theme 3 – Quality of staffing**

<table>
<thead>
<tr>
<th>Quality Statement 3.3</th>
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<tr>
<td>We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.</td>
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**Recommendation**
*We recommend the service should ensure that robust systems are in place to record and review staff training.*

**Action taken**
A database had been developed for recording and monitoring staff training. The human resource department was responsible for maintaining the database and liaised with charge nurses about staff with outstanding training requirements. **This recommendation is met.**
Recommendation

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

Action taken

A new spreadsheet had been developed that tracked the induction process of all new staff. This included a process for following up the completion of staff induction handbooks. We saw evidence of one completed staff handbook since our last inspection and this corresponded with the spreadsheet. **This recommendation is met.**

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

*The service should implement a system to make sure action plans are properly developed and progressed.*

Action taken

The service provided us with six audits. Two comprised of a checklist to evidence certain checks had taken place, such as bed checks and cleaning schedules. The other four audits related to activities taking place at ward level.

One of the audits comprised of a list of patient care record checks. The list demonstrated that the audit had taken place but did not provide any information on which patient care records had been examined. We saw no audit tool to verify the results.

Two of the audits provided consisted of results from two management audits. However, no original audit tools were included and no evidence that action plans had been developed to address the findings.

At our subsequent meeting with senior managers we were assured that a formal audit programme would be introduced and reviewed on a regular basis. **This recommendation is not met** and will be carried forward.

Recommendation

*The service should communicate findings of quality assurance activities and outcomes more effectively to staff.*

Action taken

The service was unable to demonstrate outcomes from audits. Therefore no information was available to communicate to staff which would influence their practice. **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.

Requirements carried forward from our previous inspections

<table>
<thead>
<tr>
<th>The provider must:</th>
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<td>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) (see page 8).</td>
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</table>

Timescale – by 31 August 2017.

This was previously identified as a requirement in the December 2016 inspection report for The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre.

*Regulation 3(d)(i)*

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

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**Recommendations carried forward from our previous inspections**

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<td>ensure that all staff receive training in adult support and protection procedures (see page 7).</td>
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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.