Unannounced Follow-up Inspection Report: Independent Healthcare

Surehaven Hospital
Surehaven Glasgow Ltd, Glasgow

3 November 2016
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www.healthcareimprovementscotland.org
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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.

Previous inspection

We previously inspected Surehaven Hospital on 28–29 June 2016. That inspection resulted in five requirements and ten recommendations. As a result of that inspection, Surehaven Glasgow Ltd (the provider), produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are 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 Surehaven Hospital on Thursday 3 November 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 August 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 Surehaven Hospital and information about grading can be found on our website.

We noted that the service had worked hard to address the requirements and recommendations:

- five requirements made following the last inspection have been met
- seven recommendations made following the last inspection have been met
- three recommendations made following the last inspection have been carried forward, and
- one new recommendation has been made.

Surehaven Glasgow Ltd (the provider) must continue to address the remaining recommendations and make the necessary improvements as a matter of priority.
We would like to thank all staff at Surehaven Hospital for their assistance during the follow-up inspection.
2 Progress since our last inspection

What the provider has done to meet the five requirements and ten recommendations we made at our last inspection on 28-29 June 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.

Recommendation

*We recommend that the service should amend its website to make clear to prospective patients and carers that there may be some items which will not be allowed in the service because of safety concerns.*

Action taken

The service has amended its website to include information about items that are prohibited. *This recommendation is met.*

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.

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

As the service had not had any admissions since our previous inspection, it had not had the opportunity to reconcile medications. This meant the service had not had the opportunity to demonstrate that it had reviewed its medicines admission documentation. *This recommendation is not met* and will be carried forward.
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

We saw some medications still stored in a manner which meant they could not be audited correctly. Nicotine replacement therapy medication was a prominent example of this. 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.

Requirement

The provider must remove and replace the heavily stained bathroom floor covering in the patient bedroom of Kelvin ward and thereafter maintain the floor covering in clean condition.

Action taken

The service’s timescale for completion for this requirement was 30 August 2016. The bathroom floor covering had been replaced and a new personal hygiene care plan introduced for the patient occupying this bedroom. Staff checked the bathroom several times a day to assess whether cleaning was needed. This requirement is met.

Requirement

The provider must review the cleaning procedures in the service and make the necessary changes to ensure that ward areas and patient bedrooms are cleaned effectively and kept in clean condition.

Action taken

The service’s timescale for completion for this requirement was 30 August 2016. We found the service had made significant improvement since our last inspection. A newly introduced cleaning schedule had a more structured approach to cleaning. This schedule detailed which cleaning tasks to be carried out and how often. Sign-off sheets had also been introduced to help assure that cleaning had been carried out. All ward areas we inspected were clean and smelled fresh. This requirement is met.

Two of the three patient bedrooms we saw were also clean and tidy. However, we were told that housekeepers often did not have time to clean every patient bedroom every day. Patients sometimes occupied their bedrooms when housekeepers needed access to clean them. Housekeepers must also clean the rest of the hospital, and so often did not have time to go back to the patient bedrooms they had missed.
The service manager told us that while two housekeeping staff were on duty during each day shift, they had to work as a pair for security reasons. This often meant they did not have enough time to clean all areas in the hospital during a shift. We discussed the possibility of the service recruiting another housekeeper for the day shift, so that staff could better split cleaning tasks and clean more effectively (see recommendation a).

**Recommendation a**

- 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.

**Requirement**

_The provider must investigate the most appropriate types of floor covering for the service’s ward areas and bedrooms. The floor covering must be able to be effectively cleaned and maintained. Therefore, the provider must develop and implement a suitable and sufficient programme of work to replace all floor coverings as appropriate._

**Action taken**

The service’s timescale for completion for this requirement was 30 September 2016. We found the service had made significant improvement since our last inspection. Carpets in ward areas had been professionally cleaned and were in much better condition. Carpets were professionally cleaned every 3 months. The service manager told us that carpeted floor coverings will be replaced with a more suitable material when the service is next refurbished. **This requirement is met.**

**Recommendation**

_We recommend that the service should provide additional storage in bedrooms for patient’s belongings, allowing floors to be cleaned more effectively._

**Action taken**

The service had provided a storage room for excess patient belongings, to help minimise clutter in patient bedrooms and allow more effective cleaning. Larger items could also be stored in other hired facilities outside the service. **This recommendation is met.**

**Recommendation**

_We recommend that the service should refurbish the treatment room in Campsie ward._

**Action taken**

The treatment room in Campsie ward had been repainted and the stock and equipment in the room had been tidied. **This recommendation is met.**
Recommendation

We recommend that the service should tidy and reorganise therapy room 1, the GP room and the staff shower area, to provide inviting areas that are clean, tidy and well maintained.

Action taken

We saw that the therapy room, GP room and staff shower area were all clean and tidy. The therapy room was used as a patient gym and the GP room had been refurbished to provide a wellbeing room used for massage and talking therapies. This recommendation is met.

Quality Statement 2.3

We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

Requirement

The provider must develop and implement a suitable and sufficient refurbishment programme for the service. This will enable the forward planning of all repairs, refurbishment, redecoration and maintenance work.

Action taken

The service’s timescale for completion for this requirement was 30 September 2016. The service had developed a yearly decorating programme that set out when each area of the hospital would be painted or redecorated. It had also developed daily and 3-monthly checklists for the internal and external areas of the building. These checks were recorded and we saw examples of the records the service kept. We also saw evidence that external contractors carried out specialist maintenance tasks at appropriate intervals. This requirement is met.

Recommendation

We recommend that the service should use wipe-clean paint for future redecoration of all ward wall surfaces so they can be effectively cleaned.

Action taken

The service had repainted ward areas, such as dining rooms, lounges and kitchen with wipe-clean paint. All newly painted areas we saw were clean and free from stains. This recommendation is met.
Quality Theme 3 – Quality of staffing

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Recommendation
We recommend that the service should provide infection prevention and control training for the infection control lead post holder. This will also help to improve the ongoing issues with cleaning and maintaining a clean environment.

Action taken
Since our last inspection, basic infection control training had been added to the future training programme for all staff. The service manager was investigating options for intermediate level training in infection prevention and control. The service manager planned to complete this themselves and cascade it to the rest of their staff. This recommendation is met.

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 ensure staff develop and implement suitable and sufficient strategies to promote patient personal hygiene and review them regularly to check they are working.

Action taken
The service’s timescale for completion for this requirement was 30 August 2016. The service had created a care plan to encourage some service users to address areas of personal hygiene where appropriate. The effectiveness of any interventions carried out had been comprehensively assessed. Clear goals were set out and measured weekly. We saw that the staff involved in these patients’ care were aware of the interventions. This requirement is met.
Quality Theme 4 – Quality of management and leadership

<table>
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<tr>
<th>Quality Statement 4.3</th>
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<tbody>
<tr>
<td>To encourage good quality care, we promote leadership values throughout our workforce.</td>
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**Recommendation**

*We recommend that the service should carry out yearly staff satisfaction surveys, including the development of action plans to address any findings.*

**Action taken**

The service told us a staff satisfaction survey would be carried out twice a year, beginning 9 November 2016. The format of the survey was shared with us. **This recommendation is met.**

<table>
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<th>Quality Statement 4.4</th>
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<tr>
<td>We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.</td>
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</table>

**Recommendation**

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

**Action taken**

The service manager told us that this recommendation had not been addressed. **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.

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<th>Quality Statement 2.2</th>
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<tr>
<td><strong>Recommendation</strong></td>
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<td>We recommend that the service should:</td>
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<td>a 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 (see page 8).</td>
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National Care Standards – Independent Hospitals (Standard 15 – Your environment)

Recommendations carried forward from our unannounced 28 and 29 June 2016 inspection:

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National Care Standards – Independent Hospitals (Standard 20 – Medicines management)

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<td>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 (see page 7).</td>
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National Care Standards – Independent Hospitals (Standard 20 – Medicines management)

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<td>that the service should develop action plans following audits and ensure that findings are formally actioned and recorded (see page 11).</td>
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National Care Standards – Independent Hospitals (Standard 12 – 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](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.

[Healthcare Improvement Scotland logo]

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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.

Independent Healthcare Follow-Up Inspection Report (Surehaven Hospital, Surehaven Glasgow Ltd) – 3 Nov 2016