Unannounced Inspection Report: Independent Healthcare

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

9–10 October 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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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.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to The Huntercombe Services-Murdostoun Brain Injury Rehabilitation Centre on 9 and 10 October 2017.

The inspection team was made up of two inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against ten quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

**Quality Theme 0 – Quality of information: (aggregated score) 5 - Very good**
Quality Statement 0.2 – service information: 5 - Very good
Quality Statement 0.3 – consent to care and treatment: 5 - Very good

**Quality Theme 1 – Quality of care and support: (aggregated score) 4 - Good**
Quality Statement 1.1 – participation: 4 - Good
Quality Statement 1.6 – risk management: 4 - Good

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

**Quality Theme 3 – Quality of staffing: (aggregated score) 4 - Good**
Quality Statement 3.2 – recruitment and induction: 4 - Good
Quality Statement 3.3 – workforce: 4 - Good
Quality Theme 4 – Quality of management and leadership: (aggregated score) 4 - Good

Quality Statement 4.3 – leadership values: 4 - Good
Quality Statement 4.4 – quality assurance: 4 - Good

The grading history for The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre and more information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/providers_and_services.aspx

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

What the service did well

The service provides comprehensive information to potential and current patients. It provides good services to help patients with difficulty remembering or understanding information.

Risk assessments directly related to a patient’s care are displayed prominently in the patient’s bedroom to remind and help staff carry out patient care. We saw significant improvement in infection control and prevention practices and good systems in place to manage general maintenance and servicing of equipment.

What the service could do better

All documents and policies referring to English legislation must be amended to conform to Scottish law. Healthcare Improvement Scotland must be notified of any serious incidents.

Staff knowledge of how to safely store gas cylinders. Gas cylinders must be stored safely. All staff files must be accessible and all staff must receive a yearly appraisal.

This inspection resulted in four requirements and 14 recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Huntercombe Services (Frenchay) Limited, the provider, must address the requirements 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 inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19 April 2017

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 updated corporate infection control policy and procedures manual took account of Scottish legislation, standards and guidance. This requirement is met.

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

We saw 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. We saw that action plans were developed and completed as a result of these audits.

We saw an infection control training pack that referenced the Healthcare Improvement Scotland Healthcare Associated Infection Standards 2015. Staff also completed online infection control training and a spreadsheet had been developed to record staff training and monitor attendance. Staff we spoke to confirmed they had attended training. This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 19 April 2017

Recommendation

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

**Action taken**
The service had carried out training on the Adults with Incapacity (Scotland) Act 2000 and adult support and protection.

Recommendation

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

**Action taken**
The service has developed a training plan on the Adults with Incapacity (Scotland) Act 2000 and adult support and protection. Staff training records showed this had been carried out. **This recommendation is met.**

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 Organization’s 5 Moments of Hand Hygiene. Charge nurses used this form to monitor staff hand hygiene. Completed forms showed this was carried out monthly. **This recommendation is met.**

Recommendation

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

**Action taken**
All minutes and audits had an action plan with timescales which identified the person responsible for progressing the action plans. **This recommendation is met.**

Recommendation

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

**Action taken**
We saw that the findings of local audits were published in the staff room. We also saw that any remedial actions which were required were also highlighted. **This recommendation is met.**
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service user. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

The service had a variety of very good ways of providing information to potential and current service users.

Before a patient was admitted, a member of staff from the service visited them at home or in the hospital. Family members and carers were encouraged to be there to help the patient answer questions or remember information. The service can then assess the patient’s ability to remember and understand information before developing appropriate interventions to help them. Patients and their representatives were actively encouraged to visit the service before admission.

An information booklet given to patients on admission told them what was available in the service, daily routines and how to contact staff. A member of staff showed each new patient around the hospital, talked about the information booklet and encouraged them to ask questions. All four patients we spoke with confirmed that this had taken place when they were admitted to the service.

Noticeboards showed information about activities and each patient had an individual diary of events for that day. Patients we spoke with told us they had enough information about activities at the service. Staff used physical reminders, such as diaries, with patients in the service with a recognised need to work on their memory or understanding information. These patients could also attend groups for activities to help improve their memory functions.

From a patient care plan, we saw evidence that the service had access to translation services for patients whose first language was not English.

Area for improvement

The complaints procedure suggests that people should only contact Healthcare Improvement Scotland (HIS) after the going through the service’s internal complaints procedure. The complaints procedure should be amended to make clear that HIS can be contacted at any time (recommendation a).

■ No requirements.

Recommendation a

■ We recommend that the service should amend its complaints procedure to make it explicitly clear that Healthcare Improvement Scotland can be contacted by a complainant at any stage of the procedure.
Quality Statement 0.3

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

Grade awarded for this statement: 5 - Very good

The hospital had policies and procedures were in place to make sure all patients had their consent to care and treatment recorded. Written consent to treatment and rehabilitation was obtained when the patient was admitted. Any patient assessed as lacking capacity had this documented. This was clearly written in care plans and certificates were kept in patient drug administration folders.

A pre-assessment was completed for every patient’s ability to give consent and this was regularly reassessed during their stay in the hospital. From patient care records, we saw that the service consulted with patient families and carers. Consent was discussed at patients’ multidisciplinary team meetings.

We spoke with one patient’s family member who told us they had been involved in planning and reviewing their relative’s care. They said they felt that service was good at getting consent the interventions that the hospital offered.

Area for improvement

Care records for patients assessed as not having capacity showed that relatives or carers had signed to give consent for treatment. While the hospital can accept this, it is not legally binding. The hospital should make sure that only people with the legal authority sign consent forms on a patient’s behalf (recommendation b).

- No requirements.

Recommendation b

- We recommend that the service should ensure that only people with the legal authority sign consent forms.

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.

Grade awarded for this statement: 4 - Good

The service had a patient participation policy in place. We were shown minutes from the June, July and August 2017 ‘Your Say’ meetings. The service used this meeting to gather patient views about their stay in the hospital. We saw that action plans with timescales for completion were put in place to address issues raised.

Patients’ experience in the service was open to choice, such as a varied menu at mealtimes. We also saw that staff gave patients as large a choice of clothes to wear as possible the chance to suggest their own daily activities.
Patients could decorate their rooms. However, staff recognised that some patients and families saw their stay as a transitional period and did not want to personalise their room too much.

From minutes of meetings and patient care records, we saw that family members could regularly meet with staff. The service manager told us they formally met with patients and families every 3 months. Psychologists met with families weekly. Patients could attend any multidisciplinary meetings which affected their care and treatment.

The service reported that it had made changes to mealtimes, outings and introduced a smoking shelter based on patient suggestions. Staff had also received training in awareness of how their actions affected patient experience following patient feedback. Patients we spoke with told us:

- ‘They listen to my point of view.’
- ‘I can’t praise them enough.’

Huntercombe Properties (Frenchay) Limited, the provider carried out a yearly patient survey. Patients could receive help from staff or families to complete the surveys. If patients preferred that their families helped them complete it, staff left the survey in their rooms. The results of the 2017 survey were not available at the time of our inspection.

**Area for improvement**

From patient diaries, minutes of Your Say meetings and patient interviews, we saw that a lack of activities were available to patients, particularly in evenings and weekends. Patients told us:

- ‘It’s quieter at weekends.’
- ‘There is nobody to take you out at weekends.’

We also saw evidence of times when an agreed activity took a long time to put in place (recommendation c).

- No requirements.

**Recommendation c**

- We recommend that the service should ensure that it responds to patient views. This is in regard to the provision of recreational activities.
Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 4 - Good

The service has a variety of systems and processes to manage risk and before admission, each patient has a completed risk assessment. A risk management plan is completed before admission. This is then evaluated and amended after a period of assessment in the hospital.

Individual patient risk assessments were reviewed at least weekly. Patients’ risk management plans for direct patient care were in patient rooms to inform staff.

Patients’ clinical health risks were discussed and updated daily. Staff handovers and multidisciplinary team meetings provided information that influenced changes in clinical health risks.

The service’s risk register identified risks relating to the service. This was regularly reviewed.

Staff had received training in managing aggressive patients, including a recognised form of restraint training. We saw that if a patient was identified as having escalating aggressive behaviour, the hospital supplied extra staff to help manage it.

Local health and safety committee meeting minutes showed that highlighted risks were actioned and reviewed at the next meeting.

The service had closed-circuit television cameras covering its communal areas. A security code protected main access doors to help regulate visitors to the service. To help security, hospital visitors used a sign-in and sign-out system at the front reception of the building. We saw that fire drills were carried out and fire equipment was checked regularly. All patients we spoke with told us they knew how to use the patient call bell.

Area for improvement

Accidents and incidents were reported through an online internal portal called a datix system. At previous inspections, we were told that staff had some challenges submitting entries and losing connection to this datix system. The service had recognised this risk in its risk register. We will follow this up at future inspections.

- No requirements.
- No recommendations.
Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good
The service’s communal areas were spacious with wide corridors. This made moving around the building easy, including for patients using mobility equipment. The entrance had recently been redesigned to make it easier for patients with mobility issues to use.

An ongoing refurbishment programme had fitted seven patient rooms with en-suite facilities and some rooms had been fitted with tracking hoists to effectively support patient transfer. A therapeutic bath had been installed for patients who could not use a typical bath along with two wet rooms and separate toilets for patients without en-suite facilities.

The hotel services manager showed us service records for non-clinical equipment, including equipment that external contractors serviced. They also showed us the process for reporting and recording issues with equipment and how that was dealt with daily. We saw evidence of environmental risk assessments, including fire and water assessments. Staff had been booked on a Legionella training course. Clinical staff showed us the maintenance process for clinical equipment and how that was managed.

The service’s health and safety group met every 3 months. A health and safety audit had been carried out and an action plan developed to address recommendations. We were told that the hotel services manager and the maintenance manager had both completed the Institute of Occupational Safety and Health (IOSH) ‘Managing Safely’ course.

Areas for improvement
The treatment room was too small for the equipment and supplies stored there. Items were stored on the floor, gas cylinders were unsecured, and the access to the hand was basin was restricted. Gas cylinders can present a very dangerous risk if the cylinder topples over and gas unexpectedly releases. It is important that they are stored correctly (requirement 1).

The service had already identified the lack of space in the treatment room as an issue. The use of the current treatment room should be reviewed to make sure it is fit for purpose (recommendation d).

The self-contained flat needed upgrading. The bathroom and kitchen facilities were unsuitable for patients with mobility issues and poor ventilation had led to a bad odour. This had been identified as part of the ongoing refurbishment plan and we will follow this this up at future inspections.

Some areas in the hospital had damage to doors, door frames and walls. This included the new front doors. This looked shabby and made these areas difficult to keep clean. The service could consider ways to protect these areas.
Requirement 1 – Timescale: by 31 March 2018

- The provider must ensure staff are aware of the correct procedure for storage of gas cylinders. All cylinders must be stored safely.

Recommendation d

- We recommend that the service should review the design and use of its current treatment room to ensure it complies with current guidance and standards.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good

A charge nurse had been made the lead for infection control and the service had worked to improve its infection control systems and practices. The infection control policy had been updated and regular audits were carried out. All staff had attended internal infection control training and completed online learning modules. The infection control lead wanted to create link nurses to further develop staff and access the Scottish infection prevention and control education pathway.

Alcohol-based hand gel was available for staff and hand-washing signage was displayed in the hospital to encourage good practice. We saw that staff had access to personal protective equipment. The infection control lead carried out monthly hand hygiene audits and we discussed how this could be developed to include other staff groups.

The head housekeeper was able to show us the systems and processes in place for cleaning the hospital, including cleaning schedules. The charge nurse discussed the process for cleaning clinical equipment and showed us the schedules used.

Areas for improvement

We noted a number of clinical hand wash basins were not compliant with current standards. The service should assess these to inform a risk-based refurbishment plan (recommendation e).

Although we saw cleaning schedules in place for both housekeeping and clinical staff, these should be developed to reflect what is done and when (recommendation f).

We did not see any information leaflets for patients and visitors. It is important that patients and visitors are given appropriate information and the service should develop information leaflets for them (recommendation g).

The service completed regular infection control audits. However, results of the audits were not displayed to staff, patients and visitors. Displaying these results would highlight how the service was performing and show that infection control is important to it.

Some non-patient areas were not clean. We were told that the service had recently lost two housekeeping staff. These positions had been advertised and we were told that interviews would be taking place soon. We will follow this up at future inspections.

- No requirements.

**Recommendation e**

- We recommend that the service should identify and assess all its clinical hand wash basins against current guidance. Non-compliant clinical hand wash basins should be upgraded using a risk-based plan that takes into account the use of the basin and its design.

**Recommendation f**

- We recommend the service should review housekeeping and clinical cleaning schedules. The cleaning schedules should provide staff with clear instructions on the cleaning required, when it is to be done and create an accurate record of the cleaning completed.

**Recommendation g**

- We recommend the service should develop infection prevention information leaflets for patients and visitors to raise awareness. These leaflets should be readily available.

**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.*

**Grade awarded for this statement: 4 - Good**

A range of human resources policies were in place to support safe and effective recruitment.

We examined staff files for four new staff members and found all were easy to navigate and the essential checks were in place. A health questionnaire was completed before commencing at the service. The service only kept PVG summary information and Disclosure Scotland records for the minimum amount of time needed before destroying them. This was in line with data protection legislation.

All staff had an induction checklist and role-specific induction packages. After a staff member completed their 3-month probationary period and signed them off with their manager, these were returned to their staff file.

We spoke with a member of the medical staff who recently had their appraisal with the provider’s medical director. They explained the process for recruitment, ongoing appraisal and revalidation to us.
Patients we spoke with told us that, ‘The staff are very good and very patient.’

**Areas for improvement**

We were unable to view medical staff files as they were stored in another location. The provider and service had no system or protocol in place to allow us to view the files. The provider must make sure that regulators have access to all staff files (requirement 2).

All induction packages in the staff files we inspected had unsigned or incomplete areas. The service should make sure that irrelevant areas are recorded in the induction pack and that staff can complete the package if the learning is relevant to their role (recommendation h).

Although the human resources team regularly checked them, staff files were not formally audited. A regular audit of the files should be carried out to make sure compliance with Scottish Executive’s *Safer recruitment through better recruitment* (2007) (recommendation i). The service was introducing a new staff handbook. We will follow this up at future inspections.

In its self-assessment, the service stated that service users were involved in developing and asking questions for candidates during the recruitment process. We saw no evidence that this was happening.

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

- The provider must ensure that regulators have access to all staff files.

**Recommendation h**

- We recommend the service should ensure all induction packages are completed in full.

**Recommendation i**

- We recommend that the service should carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s *Safer recruitment through better recruitment* (2007).

**Quality Statement 3.3**

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

**Grade awarded for this statement: 4 - Good**

Staff told us they had enough training and could ask for and access other training needs. Training was online and hands-on.

The human resource assistant showed us the ongoing face-to-face training plan and how many staff had attended it. We saw that many of the mandatory training courses were online and tailored to specific staff roles.
Staff told us that they felt well supported and were aware of key policies, such as the whistle-blowing policy and the protection of vulnerable adults.

The service had been approved to accept nursing students and staff had completed mentorship training to help them support students.

The provider is involved in ‘grow our own’. This is a project to encourage and support healthcare assistants to complete the pre-registration nursing programme through the Open University. Two members of staff from the service were completing this training.

**Areas for improvement**

Staff were regularly supervised and a record was kept in staff files. However, the service did not complete a yearly appraisal. The provider must give all staff receive a yearly appraisal (requirement 3).

Staff we spoke with told us that debriefs were completed after some incidents. However, this did not always happen and they would like to see better feedback from incidents or concerns raised. This could be addressed at team meetings or one-to-ones. The service should review how feedback is provided to staff after any incidents or concerns have been raised (recommendation j).

Some patients we spoke with saw a difference between registered nursing staff and unregistered healthcare assistants. They told us:

- ‘They (the healthcare assistants) don’t always speak appropriately to patients.’
- ‘The trained staff are excellent. The carers try – they are kind, but lack adequate training.’

Healthcare assistants in the service completed the Scottish Vocational Qualification (SVQ) for health and social care level 2 as a minimum. They were also encouraged to complete the higher level of SVQ 3 and nurse training programmes to further develop their skills. We will follow this up at future inspections.

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

- The provider must ensure that all staff receive a yearly appraisal.

**Recommendation j**

- We recommend that the service should review how feedback is provided to staff after any incidents or concerns have been raised.
Quality Theme 4 – Quality of management and leadership

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 4 - Good
Clinical staff took on the responsibility of a link nurse or champion for different areas. Staff we spoke with knew their roles and responsibilities. They also told us that they felt the senior management team was very visible in the hospital and senior staff were very approachable and completed regular walkrounds.

From minutes of clinical governance and senior management team meetings, we saw that senior staff had clear areas of responsibility for actions.

We saw evidence of some departmental meetings held. A daily communication meeting in the mornings covered all aspects of the hospital.

The service had systems in place to recognise positive contributions from staff. We saw two employee of the month schemes where colleagues or patients nominated employees. Winners of the schemes were displayed on noticeboards.

The service also had another scheme called ‘Huntercombe hero’, where staff could be nominated for doing something above and beyond the call of duty

Areas for improvement
Some departmental meetings were held. However, not all staff could attend the meetings and there had been no recent wider staff group meetings. Regular team and staff meetings allow staff to learn from any incidents and reflect on ways to improve their practice. They are also an opportunity to build staff morale and celebrate any achievements or good practice. The service should ensure that staff are able to attend regular team and wider staff group meetings (recommendation k).

Some staff told us that team-working between the different staff groups could be improved. The service should develop team-building initiatives to improve relationships and support staff to identify ways to improve inter-team working (recommendation l).

■ No requirements.

Recommendation k
■ We recommend that the service should ensure that regular team and wider staff meetings take place and a record is kept.

Recommendation l
■ We recommend that the service should develop team-building initiatives to improve relationships and support staff to identify ways to improve inter team working.
Quality Statement 4.4

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

Grade awarded for this statement: 4 - Good

The service submitted basic self-assessment to Healthcare Improvement Scotland. This self-assessment is completed each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found accurate information that we were able to verify during our inspection.

We saw evidence that the service had responded positively to concerns that staff had raised about a patient’s behaviour toward them. This has resulted in the staff group receiving training on how to manage aggression.

We looked at clinical governance meeting minutes. These showed that issues raised from staff, patients or their families were discussed and actioned.

We saw that the service had carried out a staff survey in 2016. The results were displayed in the staff room. We also saw that actions from audits that concerned staff were posted in the staff room.

Areas for improvement

Accidents and incidents were reported through a datix system. We saw some incidents raised where notifications should have been sent to Healthcare Improvement Scotland (requirement 4).

The provider had recently introduced a new system of audit to the service, called the ‘audit framework tool’. This had replaced the service’s previous auditing mechanism. It looked comprehensive and the manager of the hospital told us they felt it would be beneficial. However, when we inspected the areas of the new audit tool, we saw that the adult support and protection was using English legislation (recommendation m).

We also found that some areas previously audited on a local level had been overlooked in the provider’s new framework. This was mostly around the environment, staff induction and yearly appraisals (recommendation n).

From the staff survey, we saw some areas that should have been addressed as a priority. We discussed this with the service manager and will follow this up at future inspections.

Requirement 4 – Timescale: by 31 March 2018

- The provider must ensure that any serious incidents are sent to Healthcare Improvement Scotland as a notification.

Recommendation m

- We recommend that the service should ensure that all legislation relating to Scottish law is correctly referenced.
Recommendation n

- We recommend that the service should ensure a local system of audit which is not covered by the corporate audit tool is implemented.
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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<thead>
<tr>
<th>Quality Statement 0.2</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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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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| **a** amend its complaints procedure to make it explicitly clear that Healthcare Improvement Scotland can be contacted by a complainant at any stage of the procedure (see page 8).  
  National Care Standards – Independent Hospitals (Standard 9.4 – Expressing your views) |

<table>
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<th>Quality Statement 0.3</th>
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<tr>
<td><strong>Requirements</strong></td>
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<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>We recommend that the service should:</td>
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| **b** ensure that only people with the legal authority sign consent forms (see page 9).  
  National Care Standards – Independent Hospitals (Standard 11.8 – Deciding on your treatment) |
### Quality Statement 1.1

<table>
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<th>Requirements</th>
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<td>None</td>
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**Recommendation**

**We recommend that the service should:**

**c** ensure that it responds to patient views. This is in regard to the provision of recreational activities (see page 10).

National Care Standards – Independent Hospitals (Standard 9.3 – Expressing your views)

### Quality Statement 2.2

<table>
<thead>
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<th>Requirement</th>
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<td>The provider must:</td>
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**1** ensure staff are aware of the correct procedure for storage of gas cylinders. All cylinders must be stored safely (see page 13).

Timescale – by 31 March 2018

**Regulation 3(a)**

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

National Care Standards – Independent Hospitals (Standard 15.5 – Your Environment)

**Recommendation**

**We recommend that the service should:**

**d** review the design and use of its current treatment room to ensure it complies with current guidance and standards (see page 13).

National Care Standards – Independent Hospitals (Standard 15.3 – Your Environment)

### Quality Statement 2.4

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<th>Requirements</th>
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<td>None</td>
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### Quality Statement 2.4 (continued)

#### Recommendations

We recommend that the service should:

<table>
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<tr>
<th>Letter</th>
<th>Recommendation</th>
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<tr>
<td>e</td>
<td>Identify and assess all its clinical hand wash basins against current guidance. Non-compliant clinical hand wash basins should be upgraded using a risk-based plan that takes into account the use of the basin and its design (see page 14).&lt;br&gt;&lt;br&gt;National Care Standards – Independent Hospitals (Standard 15.3 – Your Environment)</td>
</tr>
<tr>
<td>f</td>
<td>Review housekeeping and clinical cleaning schedules. The cleaning schedules should provide staff with clear instructions on the cleaning required, when it is to be done and create an accurate record of the cleaning completed (see page 14).&lt;br&gt;&lt;br&gt;National Care Standards – Independent Hospitals (Standard 13.2 – Prevention of Infection)</td>
</tr>
<tr>
<td>g</td>
<td>Develop infection prevention information leaflets for patients and visitors to raise awareness. These leaflets should be readily available (see page 14).&lt;br&gt;&lt;br&gt;National Care Standards – Independent Hospitals (Standard 13.4 – Prevention of Infection)</td>
</tr>
</tbody>
</table>

### Quality Statement 3.2

#### Requirement

The provider must:

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>That regulators have access to all staff files (see page 15).&lt;br&gt;&lt;br&gt;Timescale – by 31 March 2018&lt;br&gt;&lt;br&gt;Regulation 5(2)&lt;br&gt;The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011&lt;br&gt;&lt;br&gt;National Care Standards – Independent Hospitals (Standard 12.4 – Clinical Effectiveness)</td>
</tr>
</tbody>
</table>

#### Recommendations

We recommend that the service should:

<table>
<thead>
<tr>
<th>Letter</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>h</td>
<td>Ensure all induction packages are completed in full (see page 15).&lt;br&gt;&lt;br&gt;National Care Standards – Independent Hospitals (Standard 10.7 – Staff)</td>
</tr>
</tbody>
</table>
**Quality Statement 3.2 (continued)**

**Recommendations**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>i</th>
<th>carry out quality assurance audits of its recruitment and induction procedures to make sure it is in line with Scottish Executive’s <em>Safer recruitment through better recruitment</em> (2007) (see page 15).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 10.1 – Staff)</td>
</tr>
</tbody>
</table>

**Quality Statement 3.3**

**Requirement**

**The provider must:**

<table>
<thead>
<tr>
<th>3</th>
<th>ensure that all staff receive a yearly appraisal (see page 16).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timescale – by 31 March 2018</td>
</tr>
<tr>
<td></td>
<td>Regulation12(c)(i)</td>
</tr>
<tr>
<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 10.8 – Staff)</td>
</tr>
</tbody>
</table>

**Recommendation**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>j</th>
<th>review how feedback is provided to staff after any incidents or concerns have been raised (see page 16).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 10.12 – Staff)</td>
</tr>
</tbody>
</table>

**Quality Statement 4.3**

**Requirements**

None

**Recommendations**

**We recommend that the service should:**

<table>
<thead>
<tr>
<th>k</th>
<th>ensure that regular team and wider staff meetings take place and a record is kept (see page 17).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 10.11 – Staff)</td>
</tr>
</tbody>
</table>
### Quality Statement 4.3 (continued)

**Recommendations**

**We recommend that the service should:**

**l** develop team-building initiatives to improve relationships and support staff to identify ways to improve inter team working (see page 17).

National Care Standards – Independent Hospitals (Standard 10.13 – Staff)

### Quality Statement 4.4

**Requirement**

**The provider must:**

**4** ensure that any serious incidents are sent to Healthcare Improvement Scotland as a notification (see page 18).

- Timescale – by 31 March 2018
- *s10J (5)* The National Health Service (Scotland) Act 1978

**Recommendations**

**We recommend that the service should:**

**m** ensure that all legislation relating to Scottish law is correctly referenced (see page 18).

National Care Standards – Independent Hospitals (Standard 11.8 – Deciding your treatment)

**n** ensure a local system of audit which is not covered by the corporate audit tool is implemented (see page 19).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)
Appendix 2 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

Our contact details are:

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

Telephone: 0131 623 4300
Email: comments.his@nhs.net
We can also provide this information:

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