Unannounced Inspection Report: Independent Healthcare

Wallace Hospital
Oakview Estates Limited, Dundee

24–25 April 2017
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1 A summary of our inspection

About the service we inspected

Wallace Hospital is a private psychiatric hospital which provides assessment and treatment for adults who have a learning disability and complex needs. This includes people with mental health problems and or autism. Wallace Hospital is situated in the Ardler area of Dundee, close to local amenities and public transport services.

Wallace Hospital was previously registered with Healthcare Improvement Scotland as Monroe House. The provider, Oakview Estates Limited, applied to Healthcare Improvement Scotland to change their condition of registration on the 6 May 2016. The building is now divided into two separate services: the hospital is now located on the upper floor and has 10 inpatient places; and the ground floor now accommodates a care home registered with The Care Inspectorate.

Oakview Estates Limited are the registered provider for the Wallace Hospital. The Danshell Group are the company which provides the care input for the patients at the Wallace Hospital. All of the public facing documents and care initiatives will refer to Danshell or the Danshell Group.

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 Wallace Hospital on Monday 24 and Tuesday 25 April 2017.

The inspection team was made up of two inspectors.

We assessed the service against five 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: 4 – Good**
Quality Statement 0.2 – service information: 4 – Good
Quality Statement 0.3 – consent to care and treatment: 4 – Good

**Quality Theme 1 – Quality of care and support: 2 – Weak**
Quality Statement 1.1 – participation: 4 – Good
Quality Statement 1.6 – risk management: 2 – Weak

**Quality Theme 2 – Quality of environment: 4 – Good**
Quality Statement 2.2 – layout and facilities: 4 – Good
Quality Statement 2.3 – equipment: 4 – Good

**Quality Theme 3 – Quality of staff: 3 – Adequate**
Quality Statement 3.3 – workforce: 3 – Adequate
Quality Statement 3.4 – ethos of respect: 4 – Good

**Quality Theme 4 – Quality of management and leadership: 3 – Adequate**
Quality Statement 4.2 – workforce involvement: 3 – Adequate
Quality Statement 4.4 – quality assurance: 3 – Adequate

The grading history for Wallace Hospital 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 information given to prospective patients or their representatives was seen to be good and the feedback received from the patients’ representatives was very complimentary.

The management of the service are continuing with their efforts to promote a positive culture. The provider has an equality impact assessment form, where any new policies or procedures are checked to make sure that they do not impact on any group who is at risk of discrimination.

**What the service could do better**

Wallace Hospital must make sure that there are sufficiently skilled and qualified staff to work in the hospital and that the skill mix of staff is reviewed to ensure that it reflects the needs of the patients. The way in which the service assesses, manages and reviews risk to patients and staff must be improved. Recruitment of a deputy manager to support the current manager is key to service development. This will allow the manager of the service more time to work on developing the service.

The service should make sure that patients’ care plans and personal plans are kept up to date. This will make sure that consent has been obtained from the patient if they have the ability to do so and that patients’ care and communication needs are being addressed.

This inspection resulted in four requirements and 12 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.

Oakview Estates 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 Wallace Hospital for their assistance during the inspection.
Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 3 and 4 May 2016

Requirement
The provider must carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service.

Action taken
This requirement is reported under Quality Statement 2.2. This requirement is met.

Requirement
The provider must ensure that all training supervision and appraisals are carried out within their own specified timescales.

Action taken
This requirement is reported under Quality Statement 3.3. This requirement is not met.

What the provider had done to meet the recommendations we made at our last inspection on 3 and 4 May 2016

Recommendation
We recommend that the service should ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material.

Action taken
This recommendation is reported under Quality Statement 0.2. This recommendation is not met.

Recommendation
We recommend that the service should ensure that all care plans show that patients and families are actively involved.

Action taken
This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation
We recommend that the service should explore ways to involve patients in staff recruitment and appraisal.

Action taken
This recommendation is reported under Quality Statement 1.1. This recommendation is met.
Recommendation

We recommend that the service should review the format of care records and ensure that patients’ progress is easily trackable and that staff are aware of where information should be recorded and filed.

Action taken

The care records were seen to be made up in a manner which was not uniform in its approach. It was also observed that some parts had not been updated. This recommendation is reported under Quality Statement 0.3. This recommendation is not met.

Recommendation

We recommend that the service should ensure appropriate record of maintenance requests and actions.

Action taken

This recommendation is reported under Quality Statement 2.2. This recommendation is met.

Recommendation

We recommend the service should ensure all staff undertake mandatory health and safety training as per the policy.

Action taken

Records showed that 78% of staff have now undertaken health and safety training. This recommendation is met.

Recommendation

We recommend that the service should ensure that emergency equipment is checked in line with the organisational policy and that this is recorded.

Action taken

This recommendation is reported under Quality Statement 2.3. This recommendation is met.

Recommendation

We recommend that medication fridges are checked daily and temperatures recorded to ensure they are operating within required limits.

Action taken

Fridge temperatures are recorded daily. This recommendation is met.

Recommendation

We recommend that clinical equipment such as sphygmomanometer, electronic scales and blood glucose monitoring machines are regularly calibrated in line with the manufacturer’s instructions.
Action taken
This recommendation is reported under Quality Statement 2.3. This recommendation is met.

Recommendation
We recommend that the service should ensure that they continue to follow up the actions satisfaction survey plan, devised from the staff satisfaction survey.

Action taken
This recommendation is reported under Quality Statement 3.4. This recommendation is met.

Recommendation
We recommend that the service should identify staff to lead in focus areas in the development two services to promote staff inclusion in the process for example décor and medication management.

Action taken
Work has been completed and staff have reported some involvement in the development process. This recommendation is met.

Recommendation
We recommend that the service should ensure that regular audit of medication documentation is carried out, in line with the planned schedule and used to identify and action areas for improvement.

Action taken
A regular medication audit is conducted by the service and by the contracted pharmacy. This recommendation is met.

Recommendation
We recommend the service should ensure that the medication policy is amended to reflect best practice in medication reconciliation and that staff receive education.

Action taken
The medication policy has been updated to ensure that medication reconciliation is included. Staff have been provided with education on the updated policy. This recommendation is met.
3 What we found during this inspection

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.

Grade awarded for this statement: 4 – Good
The service has a variety of ways in which it provides information to current and prospective patients such as information brochures for family members, carers and representatives. This gives interested parties information about what they can expect from the service in terms of support, safety and communication. This information can be translated if required.

Prospective patients can visit the service. If this cannot be arranged, staff from Wallace Hospital will arrange an assessment visit at the location of the patients’ choice.

We noted that the care needs of the patients in Wallace Hospital appeared to be significantly high, including their communication needs. We observed that staff who were on duty showed good understanding of the patients’ needs and that they could communicate effectively.

We saw the Family Carer Forum newsletter, a publication issued by the parent company Danshell every 3 months. The service showed us how families could be involved through the services family forum.

We contacted people out with the hospital who had transferred patients to Wallace Hospital. One service who had transferred a patient from another hospital reported that, communication between services had been very good and that the hospital had made the transfer a very positive experience. One social worker who had placed a patient in the service reported that the communication prior to admission had been ‘fantastic’.

Areas for improvement
We saw a notice board for patients however the information on display to help orientate patients including the date, time and staff on duty had not been updated. The notice board also contained information about the hospital, how patients could have their say and how to stay safe. While these were written in an easy to read format with pictorial help the understanding of patients was limited and alternative means and formats of communication were not used (see recommendation a).

Information about advocacy services was not displayed.

The provider’s website does not make it clear that Healthcare Improvement Scotland is the regulator of this service and that anyone who has a complaint can make their concerns known to Healthcare Improvement Scotland (see requirement 1).

We also observed that the provider’s website referred to English legislation (see recommendation b).
Requirement 1 – Timescale: by 10 July 2017

■ The provider must make it explicit on their website and any public facing publications that they are regulated by Healthcare Improvement Scotland and that any patient, their family or representatives can complain to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a

■ The service should make sure that the patient notice boards in the hospital are kept up to date in a manner which takes account of the patients communication needs.

Recommendation b

■ The service should make sure that any reference to mental health legislation is accurate and refers to Scottish legislation.

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: 4 – Good

The service has implemented a system where all relevant family members, carers and representatives are invited to participate in a patient’s care planning. The purpose of this is to allow people who know the patient well to make their views known and assist in the care planning process. It also allows the service to work in partnership with the family or carers to create a care plan which takes account of the improved communication. This is particularly relevant when planning activities which may place the patient at risk, or when the consent of the family or carers is required. It includes agreement on the restriction of some activities. There are times when this can be difficult owing to family members having other commitments. The service is now evidencing that people have been invited to a care planning meeting and recording if they have attended or not. To assist this process the service provides a standard letter and pre-paid envelope to acknowledge whether they wished to attend any meetings. This was part of a recommendation from a previous inspection.

We saw records of all the treatment and legislative orders which were accurate and up to date.

Patients who were detained under The Mental Health (Care and Treatment) (Scotland) Act 2003 had all the necessary consent forms and treatment plans in place and they were up to date.

Area for improvement

We looked at all patients care plans. While there was a set format, we found that folders did not follow the prescribed layout and information was difficult to find. The risk assessments were seen to be out of date. Risk assessment and risk management plans take account of many aspects of the patients’ illness and how it affects their behaviour. This influences the care plans and the levels and types of
activities in which the patients can participate safely. It was difficult to see if the patient had consented, or was capable of consenting, to some of the restrictions which had been put in place (see recommendation c).

■ No requirements.

Recommendation c

■ We recommend that the service should make sure that all patient care plans are updated to show that the patients consent has been obtained.

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 liaised with the local advocacy service to provide training for any patients who wished to be involved in the recruitment of staff. There had not been any interest shown from any of the patients. The service also told us that they had consulted with the patients about the new service. It was difficult to see how much of an influence that this had.

The service provided an email from the advocacy service which showed that they had become aware that they had to work on providing a better way to improve communication with patients. This was specifically in relation to gaining the patients views on how they could contribute to and influence the way the service operated. The hospital and the advocacy service agreed they would work together to improve the way that the hospital could capture the views of the patients.

The service is in the process of introducing a ‘buddy’ initiative where one of the patients will help a new patient settle into the hospital.

We saw four questionnaires which had been returned from the patients’ carers, family members or organisations who had placed people in the service. The results were positive and expressing satisfaction with the service. The service operates a care programme approach to involving patients and carers in assessing and improving the service. This is a series of meetings where patients and carers can make their views known to the service. The meetings are minuted and if there are suggestions to be taken forward, an action plan is produced.

Areas for improvement

Since the creation of Wallace Hospital, there is a greater concentration of patients with complex needs. This may be because there are now fewer patients and their needs are more apparent. It was also noted that some patients’ needs made social interaction with other patients difficult. The manager of the service has acknowledged this (see recommendation d).

We heard from some members of staff that there were not a lot of activities for the patients to undertake. We saw that many patients required to have staff observing them throughout the day and sometimes at night. Some interactions took place between the staff and patients. However, some staff felt that these observation
periods could be used more creatively and could provide a better experience for the patients.

The patients' in house meetings which were held previously are no longer proving to be as useful. This was evidenced by the minutes of the meeting which showed that only one patient was able to participate.

- No requirements.

**Recommendation d**

- We recommend that the service should review and expand their methods of communication with patients to take account of their specific abilities and needs.

**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: 2 – Weak**

The service has a range of risk management processes in place to maintain safety for patients and staff. We looked at five patient care records and saw that risk assessments were completed for patients when they were first admitted to the hospital. These assessed risk in a range of areas including aggression, self-harming behaviour and physical health. Patients care plans were developed in line with identified risk and ‘positive behaviour strategies’ were implemented by staff as agreed by a multidisciplinary team.

A system of patient observations was in place. Observations ranged from general observations which is knowing where the patient is at all times, to enhanced observations when staff are required to have the patient in their sight at all times. The level of observations is dependent on the patients assessed need for supervision.

Staff completed a range of training to support safety including the use of positive behaviour strategies, ‘Maybo’ (physical intervention and conflict management training), health and safety and infection control.

The provider had established a direct telephone line for staff to report concerns about practice in the hospital. We noted that, where required, any issues regarding patient welfare were reported to the appropriate agency for action and investigation.

We saw that incidents were reported through the electronic system and reviewed by management. Appropriate systems were in place to make sure the building was maintained.

**Areas for improvement**

While patient risk assessments were in place, these were not reviewed. Recent changes to the hospital, and patient movement from rooms to self-contained flats should have triggered a new risk assessment. The risk assessments that we
examined had been completed upon admission and had not been updated since that time. This ranged from a few months to over a year.

We saw a service risk register and noted that this had been not been reviewed to include risks identified through recent incidents and staffing issues. The risk register must be updated and be relevant to the current service.

The policy in the service is that all staff are required to carry an alarm to summon assistance should there be an incident. We noted and staff reported that there were insufficient alarms for staff, this is an ongoing issue. We discussed this with management who provided additional alarms at the time of the inspection.

We reviewed observation records and noted inconsistent recording. Staff reported that they often did not have time to make sure records were up to date. We reviewed patient’s notes and saw that while progress notes were current and generally comprehensive, care plans and risk assessments were not being reviewed and updated as per policy (see requirement 2).

We saw two members of staff who were on observations with a patient were seated behind a closed door with no way to actually observe the patient. We discussed with management the importance of being able to see the patient and of the resource implications for two staff being used in this way. The original plan was for the hospital to be located on the ground floor. At that time observation windows in the doors were installed on the bedroom doors. Subsequent changes meant the hospital is located upstairs and the doors with observation windows were not moved. There were arrangements in place to relocate the correct doors upstairs.

Requirement 2 – Timescale: by 10 July 2017

■ The provider must establish a robust system to manage risk associated or arising from the care and treatment of patients. To do this the provider must:

  (a) undertake a comprehensive review of risk management processes in consultation with staff and patients where appropriate, and

  (b) develop and implement an action plan which must include all aspects of risk management considerations, including staff/skill mix, environmental/equipment, policies and procedures and documentation.

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

Wallace Hospital has now been fully refurbished and divided into two distinct services under different regulatory bodies. The hospital is located on the upper floor and comprises seven single bedrooms with en-suite provision, and three self-contained living apartments. The provider stated the change of model of care is to develop a continuum of care. This will enable patients to have a less restrictive community environment within the care home, while still being close to the hospital if more intensive interventions are required.
Accessed through its own separate and dedicated entrance, Wallace Hospital has its own separate reception area. There are improved facilities for patients including a large kitchen for patients to use in developing cooking and social skills, a quiet family room for meetings and visits, two lounges and a large dining area. The main laundry and kitchen facilities are located within Thistle Care Home on the lower ground floor.

Furniture within the service is built to a specific robust specification to lessen potential for damage or movement.

Planned and responsive maintenance systems were in place. Appropriate cleaning arrangements were in place.

**Areas for improvement**

There is no designated garden area for patients immediately outside the building. Patients are using the adjacent Corbett Lodge property grounds which requires staff resources in respect of escorting. We noted that patient care plans often referred to outdoor time activities which are not currently being supported (see recommendation e).

The hospital has no designated sluice area and staff are using the sluice in Thistle Care Home downstairs. Staff complain that the personal protective equipment is stored here. This should be available for staff on the floor and alternative storage should be identified (see recommendation f).

Patients and staff do not have any facilities to wash their hands in the dining area prior to meals. The service should review the provision of a hand wash sink in the dining area (see recommendation g).

The health and safety staff lead is based in Thistle Care Home and was undertaking training for this role. We saw results from a health and safety audit which highlighted some areas for improvement but no action plan. There are no local meetings established in Wallace Hospital for health and safety and we were told that these are being planned. We saw evidence of regional meetings taking place regularly with service representatives from services across Scotland.

The staff office was currently filled with a patient’s belongings. This meant that the staff room was cluttered and disorganised. Appropriate storage solutions should be identified to avoid the use of staff work areas (see recommendation h).

- No requirements.

**Recommendation e**

- We recommend that the service should review current provision of patient access to outdoor areas and seek alternative arrangements for grounds access.

**Recommendation f**

- We recommend that the service should review the provision of sluice area in Wallace Hospital.

**Recommendation g**
We recommend that the service should install a suitable hand wash sink in dining room for staff and patients.

**Recommendation h**

- We recommend that the service should provide appropriate storage for patients’ belongings.

**Quality Statement 2.3**

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

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

We saw procedures in place for managing maintenance. A system was also in place for staff to report maintenance issues and feedback we received from staff was generally positive regarding response to requests. A planned maintenance programme and regular servicing schedule was in place. We had made a previous recommendation that the clinical equipment such as sphygmomanometer, electronic scales and blood glucose monitoring machines are regularly calibrated in line with the manufacturer’s instructions. We found that systems are now in place to make sure calibration of equipment takes place regularly as per guidelines.

We also saw that systems were now in place for regular checking of the emergency equipment.

**Areas for improvement**

We looked at the fire extinguishers on the main corridor of the hospital. All fire extinguishers are in secure housings to avoid tampering by patients. We saw that two of the three extinguishers did not have keys to open the locked cabinet containing the extinguisher. We noted in a recent health and safety audit that this had been identified however no remedial action had been initiated (see recommendation i).

The maintenance officer was currently developing separate maintenance systems for both units, this will include a separation of the asset register against each service.

- No requirements.

**Recommendation i**

- We recommend that the service should make sure that all fire extinguishers are easily accessible to staff at all times.

**Quality Theme 3 – Quality of staffing**

**Quality Statement 3.3**

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

**Grade awarded for this statement: 3 – Adequate**
We saw a training matrix was in place for 2017–2018. A comprehensive induction programme was in place for all members of staff who had recently been employed.

Danshell, the parent organisation, have a training academy. This is an online resource which staff can access to plan and book any training needs.

All staff members we spoke with knew about the National Care Standards, relevant mental health legislation and how this affected the patients' rights.

Wallace Hospital has systems in place to support nurse and medical revalidation.

Members of staff who are required to be on a professional register have their registrations checked upon commencing employment and yearly thereafter.

**Areas for improvement**

The service has compiled a supervision and training plan. We were given a copy of this and an update on how they were meeting their targets. However, the audit showed that they had not fully met the supervision and appraisals plans targets (see requirement 3).

The service has ongoing problems with recruitment and has very high agency use. We spoke with day and night staff across all grades and staff told us that there was insufficient staff at times, and that the skill mix must be reviewed. We looked at the staff rota and saw that there were 10 staff on duty at that time. This was a mix of trained staff and healthcare workers. However nine staff were taken up with observations leaving little or no capacity for any contingency should there be an incident. We saw four staff on night shift when there should have been five. Staff reported that they were unable to sustain the correct level of observations of patients (see requirement 4).

**Requirement 3 – Timescale: by 10 July 2017**

- The provider must make sure that all training, supervision and appraisals are carried out within their own specified timescales.

**Requirement 4 – Timescale: by 10 July 2017**

- The provider must make sure that, at all times, suitably qualified and competent persons are working in the service in such number that are appropriate.

**Quality Statement 3.4**

*We ensure that everyone working in the service has an ethos of respect towards service users and each other.*

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

Staff we spoke with reported a strong ethos of respect for the patients and each other. Staff who reported any concerns did so in a positive and constructive way. We observed that the staff treated the patients with respect and understanding.

The service has policies on whistle blowing, raising a grievance and harassment. It also has a dedicated employee advice line. Members of staff can contact this with
complete anonymity. The service has an equality impact assessment form, where any new policies or procedures are checked to make sure that they do not impact on any group who is at risk of discrimination.

The patients personal plans templates place great emphasis on person centred care and gaining information on the way that they wish to be addressed. This also includes interventions which can be used if a patient becomes unwell. They can outline the least restrictive way of dealing with someone to ensure that they are treated with dignity and respect.

**Areas for improvement**

The service had previously held a staff satisfaction survey. The results of this survey were poor and a follow-up was underway.

Some healthcare support workers reported a lack of direction and support from some of the trained staff. We discussed with management who confirmed the turnover of key staff has had an impact on leadership and morale. A deputy manager was being recruited.

Some of the patients' personal support plans had not been updated in line with policy and did not always accurately reflect the patients' personal preferences which can change over time (see recommendation j).

- No requirements.

**Recommendation j**

- We recommend that the service should make sure that the patients’ personal plans are updated regularly in line with policy.

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

**Quality Statement 4.2**

We involve our workforce in determining the direction and future objectives of the service.

**Grade awarded for this statement: 3 – Adequate**

Staff we spoke with across all grades on day and on night duty were very honest in their feedback. They felt involved in decisions to a certain extent for instance they were consulted about where they wanted to work such as the care home or hospital. Some staff told us that they had been allocated to their chosen area others told us that they had not.

Staff surveys had been circulated by management to gain feedback and identify areas for further development.

**Areas for improvement**

We noted that at the time of our inspection morale was low. All staff we spoke with relayed concerns about the high level of agency staff use and how this impacted on staff workload. There is no deputy manager in post at Wallace Hospital and this is a pivotal role for staff and the manager who is unable at present to delegate key tasks.
This would allow the manager of the service the time that is required to develop some of the areas for improvement contained within this report.

Multidisciplinary meetings are held monthly for each patient to discuss care. However, support workers are not invited to these despite procedures saying that support staff should be included. Staff told us that they believed their contribution was not as valued as it should be and they would appreciate more input (see recommendation k).

At the moment the service had limited capacity for team building or staff development due to staffing issues.

- No requirements.

**Recommended**

- We recommend that the service should include support staff in multidisciplinary meetings.

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**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: 3 – Adequate**

The service submitted a comprehensive 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 adequate quality information that we were to verify during our inspection.

The provider had a number of ways to monitor the performance of the service. These included accident and incident reporting, and surveys. We saw evidence of an overall governance structure at senior management level and various indicators were reported by the service such as incidents, staff training, medication errors, complaints, compliments and allegations of abuse. These were compiled in a report and compared across services, targets were in place for training and action plans developed in response to poorly performing areas. Services who were not performing well were placed on the Danshell quality watch list and submitted a monthly report until performance in the identified areas had improved. Wallace Hospital was currently on this watch list.

Patients were involved in assessing the quality of care through patient meetings, and families were invited to attend the care programme approach meetings and multidisciplinary meetings.

**Areas for improvement**

The service has had a large turnover of staff and key staff resignations since our last inspection. This was impacting across all areas of quality service delivery. Management have made efforts to recruit support staff, nurses and a deputy manager, subsequently agency nurse use is high. Whilst efforts have been made to maintain consistency, there has undoubtedly a destabilising effect. The division of the
hospital into two separate services has seen a concentration of patients with complex and challenging behaviours in a more confined space. There is a period of adjustment currently for both staff and patients.

We saw that the annual audit programme had been suspended awaiting the new audit programme. Audits that had been completed did not have appropriate action plans in place and we noted that gaps identified had not been addressed (see recommendation I).

Training and staff supervision levels were also impacted by the staffing levels and while we noted efforts to engage staff in service development and discussion there were other priorities in maintaining the service delivery.

- No requirements.

Recommendation I

- We recommend that the service should establish a regular audit programme and produce and action areas where deficiencies are identified.
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.

### Quality Statement 0.2

#### Requirements

**The provider must:**

1. make it explicit on their website and any public facing publications that they are regulated by Healthcare Improvement Scotland and that any patient, their family or representatives can complain to Healthcare Improvement Scotland at any stage of the complaints process (see page 10).

   Timescale – by 10 July 2017

   *Regulation 15 (1)*

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

   This was previously identified as a recommendation in the May 2016 inspection report for Wallace Hospital.

#### Recommendations

**We recommend that the service should:**

a. make sure that the patient notice boards in the hospital are kept up to date in a manner which takes account of the patients’ communication needs (see page 10).

   National Care Standards – Independent Hospitals (Standard 27-1 Making choices and understanding your rights)

b. make sure that any reference to mental health legislation is accurate and refers to Scottish legislation (see page 10).

   National Care Standards – Independent Hospitals (Standard 27-5 Making choices and understanding your rights)
Quality Statement 0.3

Requirements

None

Recommendations

We recommend that the service should:

c make sure that all patient care plans are updated to show that the patients consent has been obtained (see page 11).

National Care Standards – Independent Hospitals (Standard 11-7 Deciding on your treatment)

Quality Statement 1.1

Requirements

None

Recommendations

We recommend that the service should:

d review and expand their methods of communication with patients to take account of their specific abilities and needs (see page 12).

National Care Standards – Independent Hospitals (Standard 11-7 Deciding on your treatment)

Quality Statement 1.6

Requirements

The provider must:

2 establish a robust system to manage risk associated or arising from the care and treatment of patients. To do this the provider must:

(a) undertake a comprehensive review of risk management processes in consultation with staff and patients where appropriate, and
(b) develop and implement an action plan which must include all aspects of risk management considerations, including staff/skill mix, environmental/equipment, policies and procedures and documentation (see page 13).

Timescale – by 10 July 2017

Regulation 13 (2) (a) (b)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations
Quality Statement 2.2

Requirements

None

Recommendations

We recommend that the service should:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>e</td>
<td>review current provision of patient access to outdoor areas and seek alternative arrangements for grounds access (see page 14).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 15-1 Your environment)</td>
</tr>
<tr>
<td>f</td>
<td>review provision of sluice area in Wallace Hospital (see page 14).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 15-3 Your environment)</td>
</tr>
<tr>
<td>g</td>
<td>install suitable hand wash sink in dining room for staff and patients (see page 14).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 15-3 Your environment)</td>
</tr>
<tr>
<td>h</td>
<td>provide appropriate storage for patient’s belongings (see page 15).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 17-3 Security)</td>
</tr>
</tbody>
</table>

Quality Statement 2.3

Requirements

None

Recommendations

We recommend that the service should:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>make sure that all fire extinguishers are easily accessible to staff at all times (see page 15).</td>
</tr>
<tr>
<td></td>
<td>National Care Standards – Independent Hospitals (Standard 15-3 Your environment)</td>
</tr>
</tbody>
</table>

Quality Statement 3.3

Requirements

The provider must:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>make sure that all training, supervision and appraisals are carried out within their own specified timescales (see page 16).</td>
</tr>
<tr>
<td></td>
<td>Timescale – by 10 July 2017</td>
</tr>
</tbody>
</table>
Regulation 12(c)(i)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the May 2016 inspection report for Wallace Hospital.

4 make sure that, at all times, suitably qualified and competent persons are working in the service in such number that are appropriate (see page 16).

Timescale – by 10 July 2017

Regulation 12 (a)  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

**Recommendations**

None

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### Quality Statement 3.4

**Requirements**

None

**Recommendations**

We recommend that the service should:

j make sure that the patients’ personal plans are updated regularly in line with policy (see page 17).

National Care Standards – Independent Hospitals (Standard 14-5 Information held about you)

---

### Quality Statement 4.2

**Requirements**

None

**Recommendations**

We recommend that the service should:

k include support staff in multidisciplinary meetings (see page 18).

National Care Standards – Independent Hospitals (Standard 21-7 Allied health and social care professionals)
### Quality Statement 4.4

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>I establish a regular audit program and produce and action areas where deficiencies are identified (see page 19).</td>
</tr>
</tbody>
</table>

National Care Standards – Independent Hospitals (Standard 12-1 Clinical effectiveness)

### Recommendations carried forward from our 3 and 4 May 2016 inspection

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We recommend that the service should:</strong></td>
</tr>
<tr>
<td>ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material</td>
</tr>
</tbody>
</table>

**Regulation 15(1)**

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

review the format of care records and ensure that patients’ progress is easily trackable and that staff are aware of where information should be recorded and filed (see page 7).

National Care Standards – Independent Hospitals (Standard 14-2 Information held about you)
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.