

Unannounced Inspection Report: Independent Healthcare

Scottish Epilepsy Centre | Quarriers | Glasgow

10–11 June 2015

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1 A summary of our inspection

About the service we inspected

The Scottish Epilepsy Centre provides the only residential assessment and treatment centre in Scotland for adults with epilepsy. The service is a modern purpose-built facility. The most up-to-date diagnostic and monitoring technology has been incorporated into the building design.

The centre offers 12 residential assessment beds and 10 day patient places; carers' rooms are available to allow overnight stays. The service offers multidisciplinary assessment to people with complex diagnostic and treatment needs.

The centre has also developed a sleep disorder assessment service. This service is open to all and therefore people who come to the centre to participate in sleep studies may not have epilepsy or epilepsy-associated conditions.

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 Scottish Epilepsy Centre on Wednesday 10 and Thursday 11 June 2015.

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. For a full list of inspection team members on this inspection, see Appendix 6.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations 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: 6 - Excellent
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

The grading history for the Scottish Epilepsy Centre can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- any notifications of significant events

- the previous inspection report of 18 June 2013, and
- complaints activity.

During the inspection, we gathered information from a variety of sources. This included:

- accident and incident reports
- audits and surveys
- cleaning schedules
- improvement reports
- information leaflets
- medication records
- minutes of staff meetings
- patient care records for people who use the service
- policies and procedures
- satisfaction questionnaires
- staff personnel files, and
- staff training records.

We spoke with a number of people during the inspection, including:

- the accommodation and events manager
- cleaning staff
- a clinical psychologist
- a consultant neurologist
- kitchen staff
- two nursing staff
- the patient participation co-ordinator
- three people who use the service
- a student nurse, and
- the unit manager.

We inspected the following areas:

- communal areas
- conference facilities
- electroencephalography (EEG) suite
- kitchen
- laundry
- outdoor area
- some patient bedrooms and bathrooms
- reception, and
- the sluice room.

What the service did well

We noted areas where the service was performing well.

- The service involved patients in all aspects of developing the service.
- The service employed state of the art technology in diagnosing and monitoring patients.
- The service had a strong culture of continuous improvement.

What the service could do better

We did find that improvement was needed in the following areas.

- The Scottish Epilepsy Centre could support patients to manage medication independently.
- The Scottish Epilepsy Centre should recognise Healthcare Improvement Scotland in documents that detail the regulating body.

This inspection resulted in one requirement and four recommendations (see Appendix 1 for a full list). The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

Quarriers, the provider, must address the requirement and the necessary improvements made, as a matter of priority.

We would like to thank all staff at the Scottish Epilepsy Centre for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 18 June 2013

Requirement

The provider must review and update all complaints material available to staff and people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland.

Action taken

Complaints information had been reviewed and labelled with Healthcare Improvement Scotland details as the regulating body. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 18 June 2013

Recommendation

We recommend that the Scottish Epilepsy Centre should ensure that there is a system in place to carry out audits of drug administration records within the service's expected timescale.

Action taken

The service audited drug administration records monthly. We saw actions taken where gaps were identified and outcomes were reported through its clinical governance meeting structure. **This recommendation is met.**

Recommendation

We recommend that the Scottish Epilepsy Centre should ensure that there is a system in place to carry out audits of patient care records within the service's expected timescale.

Action taken

The service had a system of regular audit in place and action plans were established where gaps were identified. Outcomes were reported through the clinical governance meeting structure. **This recommendation is met.**

Recommendation

We recommend that the Scottish Epilepsy Centre should amend the policy for adult protection to include clear reference to the Adult Support and Protection (Scotland) Act 2007 and ensure that staff are made aware of their responsibilities under this legislation.

Action taken

The policy had been updated to reference Scottish legislation and staff had received education on the Act and staff responsibilities. **This recommendation is met.**

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 6 - Excellent

We found the service routinely asked patients for feedback about the quality of information supplied. Patients completed a survey on discharge which included specific questions about the quality of information, such as the following.

- Was the information supplied clear?
- Did it help to understand how to get to the service?
- Did the information supplied help prepare the patient for their stay?
- Did the information supplied answer questions?
- Was the outpatient appointment useful?
- Were patients able to ask questions about the outpatient appointment?

Integrated clinical management meetings, held every three months, reviewed results from the inpatient survey. These results showed a high level of satisfaction with the quality of information supplied.

We looked at minutes of the monthly patient group meeting and saw the group discussed the service's website content.

The volunteer patient participation co-ordinator told us patients had been asked to provide comments as part of the review of the patient information folder.

We saw a document listing the changes made as a result of patient feedback, including changes to information supplied by the service. For example, video clips on its website were made more prominent following discussion with patients at the monthly patient group meeting.

- No requirements.
- No recommendations.

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: 6 - Excellent

We found the written information available for patients was very comprehensive. Before admission, patients were sent an introductory letter, along with a patient information sheet and leaflet. The letter directed them to the service website which covered important information, such as:

- the assessment process
- contact information for the service
- the facilities available in the service
- the patient's stay with the service
- practical support available in the service
- referral information, and
- what the service do.

The patient information sheet covered more practical information about an inpatient stay, such as:

- electronic and electrical items that can be brought into the service
- local amenities
- patient activities
- parking and transport information, and
- visiting times.

Patients contributed to some of the useful information on the website, such as video clips about the service and easy-read versions of the complaints policy and patient participation strategy. The service's website had the capacity for people to enlarge the font size which meant that people with visual impairment could read it easier.

If requested, the leaflets could be translated into other languages. An interpreter service was accessible if needed. These services helped make information as accessible as possible for patients with different needs.

Staff told us that patients attending the outpatient department could have a tour of the service and have any questions answered. This reassured patients about their care and treatment. If patients could not come to the centre because of travel distance, teleconference or phone calls were available.

We also saw each patient room had a pack with relevant information.

We spoke with four patients and one carer who all thought they had received clear information about the service before they were admitted.

Area for improvement

The service's website made an inaccurate reference to the regulator. We pointed this out to the management staff and they agreed to rectify this immediately.

- No requirements.
- No recommendations.

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: 6 - Excellent

We found a variety of methods used to gather feedback from patients about the quality of care and support. These methods included:

- weekly one-to-one nurse and patient meetings
- an inpatient survey
- monthly patient group meetings with the management team
- complaints and 'Have your say' leaflets available, and
- using the volunteer patient participation co-ordinator.

The service's website highlighted its participation strategy, which was also available to patients in the information folder in their room. This set out the values of the service and its intent to involve patients to help improve and develop the service.

We saw some completed inpatient surveys. These showed high levels of inpatient satisfaction with care and support. Patients graded questions about the quality of:

- admission planning
- being able to express their views and be listened to
- experience of admission
- food and drink
- involvement in care
- up-to-date care plans
- their care – overall, and
- their stay – overall.

The service identified that involvement in care had scored lower than other areas in the inpatient survey. The weekly nurse and patient meetings were then used to address this, where nurses were encouraged to discuss care planning with patients. This was also added as a standing item on the agenda of the patient group meetings. This was an example where the service listened to patient views and made changes as a result.

We saw the patient satisfaction report from April 2014–March 2015. From 64 responses, this report stated ‘people’s overall view of their stay was positive with the majority thinking their care was excellent or good. The number who thought their care was poor or very poor was less than 1%.’

We saw that patient comments were recorded and actions taken to address issues when possible. Recent examples included changes to improve the activities available, such as:

- a wider range of books were provided
- zumba classes were held
- aromatherapy was made available
- DVD nights were held, and
- a fresh-coffee maker was supplied.

We spoke with the patient participation co-ordinator, who was a former patient of the service. The role gave peer support to patients and an impartial representative to listen to patient views. The co-ordinator let staff or management know about patient views when appropriate. The co-ordinator did this sensitively and in line with patient confidentiality requirements.

We looked at a sample of three patient care records. From this, we saw documentation used by patients to sign their consent to information-sharing and agreement with care plans.

Once a month, Epilepsy Connections, a charitable organisation, visited the service. Epilepsy Connections was able to help link patients with advocacy services, where needed, to help express their views about care and treatment.

Areas for improvement

We noted that the inpatient survey was sometimes completed by a relative or carer. Since the views of patients, relatives and carers could be different, it could be helpful to report them separately.

Actions taken in response to patient views were recorded clearly for staff and reported back at the patient group meetings. However, these actions could be made clearer to discharged patients or those who miss these meetings. For example, a ‘You said, we did’ board could be displayed, or results of surveys and actions taken could be reported on the website.

- No requirements.
- No recommendations.

Quality Statement 1.4

We are confident that within our service, all medication is managed during the service user's journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 5 - Very good

The service had very good systems and processes in place to manage medications. These included those for:

- policies and procedures
- audits
- incident reporting
- staff competency observation, and
- medication reconciliation records.

Three days before admission, patients were contacted to gather information about their current medication. Patients were asked to bring seven days' medication supply to the centre. Prescriptions were then verified with the patient and GP to make sure they were correct. Any changes to medication during admission were recorded and a process was in place to make sure discharge medication was correct.

A nurse prescriber also checked medication and diagnosis when a patient was admitted. This was used to give doctors information when they assessed patients. We saw these checks completed in patient care records.

A local pharmacy supplied medication stocks, which were checked twice a week. If this supply could not be accessed, a ward stock with a range of commonly-used anti-convulsant medication was maintained.

The service carried a small stock of controlled drugs. We saw records for these were in place and correct.

The provider used the framework of National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP). The NCC MERP aims to maximise safe medication use, increase awareness of medication errors and promote medication error-prevention strategies. We saw the number of medication error incidents were low and had been appropriately dealt with. Healthcare Improvement Scotland had been notified of any controlled-drug errors.

Areas for improvement

We noted that no system was in place to support patients in managing their own medication. Bedrooms did not have provision of lockable medication storage. Developing this would be beneficial in enhancing patient independence and choice.

We viewed the medication policy and procedure and noted that it stated notifications of medication errors were to be reported to the Care Inspectorate rather than Healthcare Improvement Scotland. This should be updated to reflect the correct notification procedure and regulating body (see recommendation a).

A clearly identified clinical medication lead or portfolio holder would be beneficial. At the time of our inspection, the nurse specialist unofficially carried out this role. The service could consider formalising the role and responsibilities.

- No requirements.

Recommendation a

- We recommend that the service should update all policies and procedures to reflect Healthcare Improvement Scotland as the regulating body.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 6 - Excellent

We found the service routinely asked patients for feedback about the quality of the environment. Patients completed a survey on discharge, and this included questions about the quality of environment, such as the following.

- Was the environment clean?
- Was it quiet at night in the service?
- Did the patient feel comfortable?
- Did the patient feel it was safe?
- Were the facilities for visitors suitable?
- Was there enough privacy for procedures and consultations?

A record of actions taken as a result of patient views was kept. For example, a patient had recently asked for garden furniture and we saw this had been supplied. Some patients had complained their bedrooms were too hot; patients had been given fans to help cool their rooms. Overall, there was a high level of satisfaction with the environment.

Patients we spoke with were very complimentary about the service. Particularly, patients told us they felt safe due to the level of monitoring offered by the CCTV cameras.

- 'I feel safe in this environment, you get used to the cameras and the staff checking on you.'
- 'If you're going to have an episode this is the best place to have it.'

- No requirements.
- No recommendations.

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: 5 - Very good

To help make sure infection prevention and control is effectively managed, the Scottish Epilepsy Centre had a range of mechanisms in place. We saw cleaning schedules and cleaning checklists in place that covered all areas of the centre. One member of staff was a 'cleanliness champion'. This member of staff was responsible for monitoring cleanliness and supporting staff through education and audits of practice. A member of the cleaning staff was about to carry out similar training.

We saw nurses completed a weekend checklist that included cleaning clinical equipment.

Quarriers' infection control standards, policies and procedures were in place to guide staff practice and had been recently updated.

The service was very clean. Hand-washing facilities and personal protective equipment were provided. Systems were in place to ensure safe management of laundry, waste and sharps.

Environmental audits were regularly carried out. These audits included a visual checklist, which we saw were completed and improvement plans were put in place to address any issues identified.

We saw a cleaning schedule in place to make sure hygiene was maintained in the kitchen area. Food and fridge temperature charts were also fully completed.

Infection prevention and control updates were given at the clinical governance meetings through improvement reports.

We looked at a patient satisfaction survey and saw that environmental cleanliness was rated excellent.

Infection control and food hygiene were mandatory training requirements for staff. We saw records that confirmed this training was carried out.

Areas for improvement

We looked at cleaning schedules and noted some gaps. Staff told us that if some areas were not completed in line with the schedule, these would be completed the next day. The service had two cleaners:

- one on a 30-hour contract who worked Monday to Friday, and
- one who worked a 10-hour weekend contract.

The building is large, as are the areas that require cleaning. Although the building was very clean, a review of the number of cleaning staff may be worthwhile at this time.

The service had recently received a copy of the new Healthcare Improvement Scotland healthcare associated infection (HAI) standards. In light of this, a review of the current audit tools against the new standards would be beneficial.

We also found that the service had three different infection control policies:

- the Quarriers' infection control policy and procedure
- a Scottish Epilepsy Centre policy (infection control and environmental cleanliness), and
- the Health Protection Scotland national infection and prevention control manual.

It would be beneficial to align policies to avoid confusion (see recommendation b).

- No requirements.

Recommendation b

- We recommend that the service should review and align current policies and procedures in relation to infection prevention and control and ensure that these comply with the new HAI standards.

Quality Theme 3 – Quality of staffing

Quality Statement 3.1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 6 - Excellent

We found the service regularly asked patients for feedback about the quality of staffing. When they were discharged, patients completed a survey which included specific questions about the quality of staff, such as the following.

- Did staff introduce themselves?
- Did you know who the unit manager was?
- Did you know who your named nurse was?
- Did staff respond in reasonable time to the call system?
- Do staff know about your condition and treatment?
- Can staff give clear explanations about care and treatment?
- Were staff interested in your welfare?

There was lots of positive feedback from patients about the staff and their qualities, including the following.

- 'You can always find a staff member if you're looking for one.'
- 'I feel safe because staff know where I am.'
- 'Staff are friendly, they bend over backwards for you.'
- 'Staff cannot do enough for you.'
- 'They go the extra mile for you.'

The patient participation co-ordinator had been involved in recruiting staff. This was a good example of using a patient representative to try to employ staff with qualities that are important to people who use the service.

- No requirements.
- No recommendations.

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: 5 - Very good

We interviewed seven staff, who all confidently told us the recruitment process was thorough. We examined three staff files and found all of the essential information was present. This included:

- interview notes
- verification from HR department of health clearance and enrolment in the Protecting Vulnerable Groups (PVG) scheme, and
- two or three references.

An online application form was in use. We saw this contained a declaration of convictions and other essential details, such as qualifications and experience.

The Quarriers induction programme included mandatory training. The mandatory training had to be completed by the member of staff within 6 months after starting work. Induction checklists and an induction manual for new staff were available.

Staff who were registered with a professional body had this checked every three months to make sure membership was still valid. We saw a spreadsheet which helped the manager to oversee this.

Five clinical staff in the service were NHS employees. We saw arrangements in place for supervision and appraisal with NHS managers, which the service manager was aware of.

Areas for improvement

Some induction documents were not fully completed in staff files. Staff induction involved shadowing and learning from experience. More formal workbooks to assess staff competencies for the roles they were to perform had not yet been fully developed. Managers agreed that formalising staff induction to be more specific to staff roles was an area for development (see recommendation c).

The arrangements for ensuring that NHS staff had completed their appraisals could be formalised to record this more clearly.

- No requirements.

Recommendation c

- We recommend that the service should ensure that staff induction is specific to the job role and induction documentation is completed.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 5 - Very good

We found that the service routinely asked patients for feedback about the quality of the management and leadership of the service. Patients completed a survey on discharge which included specific questions about their overall stay.

Service developments could be talked about at the patient group meetings held monthly with management.

The service used the European Foundation of Quality Management (EFQM) assessment to help develop quality assurance systems. The patient participation co-ordinator was part of the process as a patient representative. The EFQM's excellence model uses a tool to assess how effective a service is in developing and delivering a stakeholder-focused strategy. The Scottish Epilepsy Centre had started the excellence model process, where involving patients as key stakeholders would be an essential component.

An informal network of patients and former patients were available to help with various development projects. For example, a former patient and carer were invited to attend a media event to provide a patient perspective of the service.

Areas for improvement

The service could consider widening the pool of former patients and formalising their contact systems. When patients are discharged, they could be asked if they would like to be involved in future service developments. If patients were interested, they could let the service know how they would prefer to be involved, such as through emails or taking part in focus groups.

- No requirements.
- No recommendations.

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: 5 - Very good

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and National Care Standards. We found very good quality information that we were able to verify during our inspection.

The Quarriers quality assurance framework was very good. The framework encouraged patient, staff and wider stakeholder involvement. The service had processes in place to monitor quality, including those for:

- accident and incidents
- audits
- clinical outcomes
- complaints and feedback
- patient meetings
- staff meetings, and
- surveys.

A well-developed clinical governance framework was in place to give assurance that care met the relevant standards. Part of the clinical governance framework included the recently established clinical governance group. This group is made up of people who are independent of Quarriers. Its purpose is to oversee the clinical operations of the service to ensure care delivered is safe and effective. This group reports directly to the board of trustees and meets every three months. We looked at minutes of the clinical governance meetings. These minutes showed discussion about important parts of service delivery.

The internal integrated governance management committee is the senior management team meeting. This committee reported directly to the clinical governance group. Information and data from a range of groups fed into the integrated governance management committee. This data included:

- finance
- improvement
- information governance
- participation
- research
- risk assessment, and
- staff governance.

The service showed a clear commitment to continuous improvement. An improvement-reports system identified any practice areas that needed to be improved. We saw that where gaps had been identified through feedback systems, such as audits and surveys, actions were taken as a result.

The service was shortlisted for the national awards in Health Investor 2015 for diagnostic services.

Areas for improvement

When reviewing accidents and incidents, we noted that notifications were not made to Healthcare Improvement Scotland in line with the reporting requirements. We saw that no notifications had been made to Healthcare Improvement Scotland about injuries to patients. Management staff told us they were not aware that this was a notification (see requirement 1).

We looked at six incident/accident/dangerous occurrence reporting forms. 'Part 2' of the forms were not consistently completed. Part 2 should have been filled in by the staff member involved in the incident within five days. The manager told us that often 'Part 1' gave enough information, meaning 'Part 2' would not be required. We also noted that, under the formal notifications part of this form, Healthcare Improvement Scotland was not listed with other regulating bodies (see recommendation d).

The service could consider developing an audit schedule to help plan and track performance. An audit schedule would be useful to inform staff of audit activity.

Requirement 1 – Timescale: immediately on receipt of this report

- The provider must notify Healthcare Improvement Scotland about any events in line with the Healthcare Improvement Scotland Notification Guidance for Providers.

Recommendation d

- We recommend that the service should review the format of the incident reporting forms and ensure that Healthcare Improvement Scotland is included as the regulating body.

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 1.4	
Requirements	
None	
Recommendation	
We recommend that the service should:	
a	update all policies and procedures to reflect Healthcare Improvement Scotland as the regulating body (see page 13). National Care Standards – Independent Hospitals (Standard 20 – Medicines management)

Quality Statement 2.4	
Requirements	
None	
Recommendation	
We recommend that the service should:	
b	review and align current policies and procedures in relation to infection prevention and control and ensure that these comply with the new HAI standards (see page 15). National Care Standards – Independent Hospitals (Standard 13 – Prevention of infection)

Quality Statement 3.2

Requirements

None

Recommendation

We recommend that the service should:

- c** ensure that staff induction is specific to the job role and induction documentation is completed (see page 17).

National Care Standards – Independent Hospitals (Standard 10.7 – Staff)

Quality Statement 4.4

Requirement

The provider must:

- 1** notify Healthcare Improvement Scotland about any events in line with the Healthcare Improvement Scotland Notification Guidance for Providers (see page 19).

Timescale – immediately on receipt of this report

s10J (5) The National Health Service (Scotland) Act 1978

Recommendation

We recommend that the service should:

- d** review the format of the incident reporting forms and ensure that Healthcare Improvement Scotland is included as the regulating body (page 19).

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

Appendix 2 – Grading history

Inspection date	Quality of information	Quality of care and support	Quality of environment	Quality of staffing	Quality of management and leadership
20/02/2013	5 - Very good	5 - Very good	Not assessed	5 - Very good	5 - Very good
18/06/2013	Not assessed	5 - Very good	5 - Very good	5 - Very good	5 - Very good

Appendix 3 – 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

Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment:** the environment within the service.
- **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 5.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the service provider **will not be given any advance warning** of the inspection.

Grading

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.

For example:

Quality Theme 1 – Quality of care and support: 4 - Good

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

<p>Before inspection</p> <p>The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.</p> <p>We review the self-assessment submission to help inform and prepare for on-site inspections.</p>	 <p>Before</p>
<p>During inspection</p> <p>We arrive at the service and undertake physical inspection.</p> <p>We have discussions with senior staff and/or operational staff, people who use the service and their carers.</p> <p>We give feedback to the service’s senior staff.</p> <p>We undertake further inspection of services if significant concern is identified.</p>	 <p>During</p>
<p>After inspection</p> <p>We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org</p> <p>We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.</p>	 <p>After</p>

Appendix 6 – Details of inspection

The inspection to the **Scottish Epilepsy Centre** was conducted on **Wednesday 10 and Thursday 11 June 2015**.

The inspection team was made up of the following members:

Karen Malloch
Lead Inspector

Sarah Gill
Inspector

Penny Leggat
Public Partner

Appendix 7 – Terms we use in this report

Terms and explanation

- provider** A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.
- service** A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.

We can also provide this information:

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



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.