

# **Unannounced Inspection Report: Independent Healthcare**

**Scottish Epilepsy Centre  
Quarriers, Glasgow**

23–24 May 2017

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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. The service offers multidisciplinary assessment to people with complex diagnostic and treatment needs.

The centre 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 the 23 and 24 May 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 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: 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: 5 – Very good**

Quality Statement 1.1 – participation: 5 – Very good

Quality Statement 1.6 – risk management: 5 – Very good

### **Quality Theme 2 – Quality of environment: 5 – Very good**

Quality Statement 2.3 – equipment: 5 – Very good

Quality Statement 2.4 – infection prevention and control: 5 – Very good

### **Quality Theme 3 – Quality of staffing: 5 – Very good**

Quality Statement 3.2 – recruitment and induction: 5 – Very good  
Quality Statement 3.3 – workforce: 5 – Very good

**Quality Theme 4 – Quality of management and leadership: 5 – Very good**

Quality Statement 4.3 – leadership values: 5 – Very good  
Quality Statement 4.4 – quality assurance: 5 – Very good

The grading history for Scottish Epilepsy 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](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 Scottish Epilepsy Centre continued to provide innovative care and treatment for patients with epilepsy. The centre has an excellent environment and makes very good use of the latest information technology to assist in diagnosing and monitoring patients. The centre has a very positive staff group who are committed and forward thinking. The service has a very good system for monitoring its practice and, as a whole, demonstrates a commitment to improving care and meeting the best practice in the care and treatment of epilepsy.

**What the service could do better**

The Scottish Epilepsy Centre should amend its complaint policy with the correct contact details for Healthcare Improvement Scotland. It should review the services risk assessments and management plans for all clinical and non-clinical risks identified. The service should ensure that it carries out staff supervision and appraisals in line with its own guidelines. The passenger lift and hoists must be examined in line with current legislation.

This inspection resulted in one requirement and six recommendations. 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.

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 requirements we made at our last inspection on 10 and 11 June 2015

#### Requirement

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

#### Action taken

The service has made appropriate notifications to Healthcare Improvement Scotland. **This requirement is met.**

### What the service had done to meet the recommendations we made at our last inspection on 10 and 11 June 2015

#### Recommendation

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

#### Action taken

The service had updated its policies to reflect that Healthcare Improvement Scotland is the regulating body. **This recommendation is met.**

#### Recommendation

*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.*

#### Action taken

A gap analysis of the service's policies and procedures had been completed against Healthcare Improvement Scotland's Healthcare Associated Infection Standards 2015. Improvement work was underway to ensure that infection prevention and control policies and procedures were in line with these standards. **This recommendation is met.**

#### Recommendation

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

#### Action taken

Draft versions of job specific induction booklets were in place for senior nurses, nurses and support assistants. The induction booklets were being put in place at the time of our inspection. **This recommendation is met.**

## **Recommendation**

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

## **Action taken**

The service has now amended its incident reporting system. Staff showed a good awareness of how to report an incident. Healthcare Improvement Scotland is included as the regulatory body. **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 users. 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 Scottish Epilepsy Centre provided information to patients in a variety of ways. All prospective patients are sent information prior to their visit. This includes visiting times, mealtimes, local shops, what clothes they should take and how to get to the service.

The centre's website was easy to access and contained comprehensive information.

When a patient arrives at the centre they are met by a staff member who will explain the daily routine and how their treatment will be carried out. Leaflets are also available about the service.

Every patient room has a patient information pack that contains written information about the routine of the centre. It contains a patient's charter which explains what the patient can expect from the service and what the service expects in return. An easy read version of the pack and translation services are available. We saw a copy of the previous inspection report from Healthcare Improvement Scotland as part of this pack.

The service realises that the assessment process can be very worrying for patients particularly as they may be constantly observed using video telemetry which measures brain wave and uses video to assess seizure activity. They therefore make sure that patients have the opportunity to discuss any worries or concerns surrounding this area with a staff member.

##### Areas for improvement

The service had an information leaflet called 'How to make a complaint'. We saw that it did not have the correct contact details to make a complaint to Healthcare Improvement Scotland. We did accept that at the time of publication it would have been the correct address. This should be updated to show the correct contact details (see recommendation a).

We also saw no mention of advocacy services contained in the patients' information pack or advertised throughout the service. The service should take steps to let the patients know that they can contact advocacy services (see recommendation b).

- No requirements.

##### Recommendation a

- We recommend that the service should amend its complaints information to let patients know that they can contact Healthcare Improvement Scotland at any time during the complaints process. This should include the correct details.

## Recommendation b

- We recommend that the service should include information about advocacy services throughout the service and in the patient information pack.

### 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

Because of the specialist nature of the service, the service manager told us that patients have to wait a long time for admission. This means that they have the opportunity to research the service before they are admitted.

The service has a consent form which the patients will read and sign when they are admitted. It contains information about what treatment they will receive. The form also explains that there may be times when the centre may have to give extra medicines if they are having a seizure and carry out some procedures to prevent choking. Patients are also asked if they are happy to consent to their personal information being used for some of the research that the service carries out.

Staff explain to patients about the equipment that they use when assessing their illness. This includes the use of closed circuit television and Emfit alarms. These are alarms that are placed under a mattress which alerts staff to any abnormal physical activity. The patients have the opportunity to consent to these conditions but may withdraw their consent at any time during their stay in the centre.

The service had created a form which records that staff have discussed any changes to treatment with the patient. This is usually a change to medication. The form shows that the patient has understood and agreed to the changed.

#### Areas for improvement

The service should consider making easy to read print outs for some of the regular procedures that they carry out. This will give patients an opportunity to have more time to think about their treatment options.

When discussing any changes to a patients' medication, staff should make sure that any possible side effects of these changes are explained and recorded fully in the patient consultation notes (see recommendation c).

- No requirements.

## Recommendation c

- We recommend that the service should ensure that all the side effects of medication changes are explained and fully recorded in the patient consultation notes.

## 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: 5 – Very good**

A variety of methods were used to collect patient feedback, including feedback forms, regular patient surveys and monthly patient meetings. We saw evidence of improvements made as a result of this feedback, including the installation of a sink in the patient kitchen area. In the last patient survey, the majority of patients reported that they were very happy with the standard of care and treatment.

We spoke with a former patient participation co-ordinator who was previously a patient of the service. The current co-ordinator was not available at that time. Patients were able to discuss any concerns they had about their stay with the participation co-ordinator. Patient's views would be shared with staff to aide service improvement and to improve patient experience.

A selection of patients were invited to share their views about improvement projects, such as the development of the patient information folder. We spoke with staff who said the patients who took part in this process enjoyed the experience and welcomed the opportunity to develop and improve the service.

The participation policy was prominently available on the service's website. This was available in both a standard and easy to read format. The policy sets out how patients will be involved in decisions about their care and treatment and how they can provide feedback to the service. We saw that the patient information pack, which was available at each patient bedside, included information about providing feedback about the service.

#### **Areas for improvement**

A new patient information pack had been introduced since our last inspection. This could be developed to include further information about the role of the patient participation co-ordinator, how to provide compliments, concerns and complaints and advocacy services that are available in the service (see recommendation d).

Information about how patients could provide feedback could be made more prominent throughout the service. The introduction of a 'you said, we did' board would also allow patients, family members and carers to see the improvements made as a result of their feedback. We will follow this up at future inspections.

- No requirements.

#### **Recommendation d**

We recommend that the service should update its patient information pack to include information about the role of the patient participation co-ordinator.

### **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: 5 – Very good**

The service had a range of risk management processes in place to maintain safety for patients and staff. The service had developed a 'seizure risk assessment score' tool. A unique tool that has been developed to help identify patients who are most at risk from seizures. They are in the process of applying for funding to fully evaluate it.

We looked at six patient care records and saw that individual risk assessments had been carried out for each patient. A risk highlighted in one of the records noted that after a seizure, the particular patient could become disorientated and meant that they were at risk of running away. In response to this, the service had created an individual risk management plan to help staff deal with this situation and a new policy based on learning from this situation.

The centre was designed to look after people with epilepsy. This meant that the corridors are wider than normal with underground heating to avoid radiators. When radiators are unavoidable they were recessed into the walls. The floors were all carpeted. Each bedroom had a minimal amount of furniture and the furniture which is provided, all had rounded edges. The communal spaces are large with plenty of space between the furniture. This is to ensure that if a patient does have a seizure it will lessen the chance of them sustaining a serious injury.

Each patient had a call bell and the closed circuit television is in place to help staff observe the patients so they can respond quickly. The nurses on duty carry out 30 minute observations where they make personal contact with the patient in person.

The Scottish Epilepsy Centre had a security system in place. Staff are issued with passes to make sure the doors are locked both inside and outside of the centre. The patients have passes for certain parts of the centre. Trip hazards were clearly identified with floor signs. Staff we spoke with reported that they knew how to report risks, accidents and incidents.

A system was in place to review the risk assessments and management plans. A risk register was also in place.

We saw that staff had received training in supporting vulnerable adults and the protection of children.

#### **Areas for improvement**

The service produced a quality assurance report every 3 months which highlights risk assessments to be reviewed. We saw that it was the same risk assessments in each quarterly report. The service should ensure that risk assessments are completed for all appropriate areas of the service (see recommendation e).

- No requirements.

## Recommendation e

- We recommend that the service should complete risk assessments for all appropriate work tasks. These risk assessments, and the risk register, should be reviewed on a regular basis.

## Quality Theme 2 – Quality of environment

### 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: 5 – Very good

Servicing and maintenance contracts were in place for all clinical and non-clinical equipment, such as lifts, hoists and beds. We saw evidence of servicing reports and repair and maintenance actions that had taken place.

Staff were able to describe the procedure in place to report maintenance issues to the facilities team.

#### Area for improvement

The Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 introduced new requirements for the safe provision and use of lifting equipment. Regulation 9 requires that all lifts provided for use in work activities are thoroughly examined by a competent person at regular intervals. This applies to lifts and hoists used to lift people or loads. Although we saw that servicing and maintenance contracts were in place for this equipment, we did not see evidence of a thorough examination taking place within the last year (see requirement 1).

#### Requirement 1 – Timescale: Immediate

- The provider must ensure that a thorough examination of the passenger lift and hoists are completed in line with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.
- 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

The service had appointed an infection prevention and control link nurse to oversee infection prevention and control activities. They are supported by the provider's infection prevention and control team.

Infection prevention and control compliance was reported in the monthly management reports. These are fed up to the governance committee.

The majority of staff had completed mandatory infection prevention and control training. A process to identify staff who had not completed training was in place and a training tracker easily identified training gaps.

The service had completed a gap analysis against Healthcare Improvement Scotland's Healthcare Associated Infection Standards 2015. An action plan had been developed and was being progressed.

Staff demonstrated a good knowledge and understanding of infection prevention and control policies and procedures. We saw good compliance with standard infection prevention and control policies, such as waste and sharps management. Patients, visitors and staff had access to alcohol-based hand rub to decontaminate their hands before entering the ward.

Standards of cleanliness in the service were very good. Systems were in place to identify the cleaning required and record the work carried out.

### **Areas for improvement**

We saw evidence of regular infection prevention and control audits taking place using the Healthcare Improvement Scotland HEI inspection aide memoire (2011). However, these audits did not cover all aspects of standard infection control precautions in line with the Health Protection Scotland National Infection Prevention and Control Manual.

All bed linen and towels were laundered on-site. We saw that linen was being washed at a temperature of 60c. The service should ensure that all linen is laundered for the correct length of time and temperature combination to achieve thermal disinfection in line with Health Protection Scotland's National Infection Prevention and Control Manual (see recommendation f).

- No requirements.

### **Recommendation f**

- The provider should ensure compliance with Health Protection Scotland's National Infection Prevention and Control Manual when laundering linen.

## **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: 5 – Very good**

The service had very good systems in place to make sure staff were recruited safely.

We reviewed four staff records, all of which had all the necessary checks were carried out prior to staff commencing work at the service. These included Protecting Vulnerable Groups (PVG) background checks and references which helped to promote public safety.

Records also showed that staff required to register with the General Medical Council or the Nursing and Midwifery Council were registered.

Induction training consists of mandatory and job specific training topics. The service is developing a job specific induction pack for the senior nurse and nurse roles. Compliance rates for induction training were reported in the monthly management report, which in turn is reported to the clinical governance team.

- No requirements.
- No recommendations.

### **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: 5 – Very good**

We saw evidence of a training policy and training plan. All members of the staff team who require to be registered with a professional body have their memberships checked every 3 months. We saw revalidation advice advertised for the trained nurses.

The training plan included mandatory and specialised learning events. Staff have the opportunity to raise any training needs during supervision and appraisals. We looked at four staff files and saw training was available on protection of vulnerable adults, data protection, confidentiality and moving and handling. Trained staff are supported to achieve an epilepsy diploma. The support workers are assisted in achieving higher national certificates of Scottish vocational qualifications.

The service was a mix of Quarriers and National Health Service (NHS) staff. This means that all members of the staff team can access NHS training resources.

Both internal and external training was recorded within the staffing element of the integrated clinical management report. This is part of the services quality assurance system. Supervision appraisals and any disciplinary action which had been taken is also recorded. Any member of staff who are due an appraisal is highlighted.

We spoke with eight members of staff who told us that working at the service was 'the best job I have ever had, I enjoy coming to work'. Staff also said that a lot of training was available and that the management 'always want to push you on and help develop you'.

The service had a conference area in one part of the building. The training courses which are held there are primarily concerned with epilepsy. Staff told us that they are encouraged and supported to attend any events which are held there.

#### **Area for improvement**

The service told us that it would benefit from a practice development nurse to support induction, clinical training and provide epilepsy education to the voluntary sector and primary care. They would also have a role in mentoring staff and representing the centre at external events. This role had recently been filled.

- No requirements.
- No recommendations.

## 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: 5 – Very good

We saw that there were strong working relationships across all of the staff group. Members of staff were encouraged and supported to take lead roles in infection control, tissue viability, medications, nutrition, information and participation.

Staff reported that the management team in the centre were approachable and supportive. They told us:

- ‘Good relationships with management they always have my best interest at heart.’
- ‘I love it, the patients are very interesting and I have been given a lot of opportunities and support.’

The management team reported that they encourage staff to use initiative and take on extra responsibility. The staff we spoke with confirmed this. As well as having responsibility for specific clinical areas the staff are encouraged to contribute to health and safety, audit and fire representation.

#### Areas for improvement

The service reported that they planned to develop leadership awareness and education programmes for identified staff.

- 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 each year and it gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

The service had introduced a quality assurance system called integrated clinical management. This system focuses on seven areas of interest (improvement, staff,

information, clinical, participation, finance and risk assessment). The service had a designated staff member who is responsible for each area. Information is gathered every 3 months that includes areas where the service is performing well, areas for improvement and audit results. This information is passed to the head nurse who produces a report. The report is then given to the service manager who takes it to the clinical governance group. Any action points identified are addressed, taken back to the service and implemented.

Any areas of practice which were identified as being a risk, or that could be improved upon, were recorded in the integrated clinical management report. This meant that the service is continually reviewing and improving the service on a daily basis. Any changes made to the service operation would be examined by the external board.

An important part of the patients' treatment is to review and simplify prescribed medications. Because of this, a high level of scrutiny was given to the management of medications and how this affected the patients.

The Scottish Epilepsy Centre is in the process of becoming a designated national service. Should this application be successful, the centre would be supported as a National Centre for Excellence. This process is overseen by NHS National Services Scotland. The process is in the final stages and would allow other services to directly refer people to the centre.

The service had achieved level two in the European Foundation for Quality Management. The service was shortlisted in five different areas for delivering high quality health care in 2015 and 2016.

### **Areas for improvement**

It was reported in the integrated clinical management report that staff supervision had not been carried out in line with the services own guidelines. The service recognised that this was an area which they could improve on and assured the inspectors that this would be addressed.

- No requirements.
- No recommendations.

## 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.

<b>Quality Statement 0.2</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>We recommend that the service should:</b>	
<b>a</b>	amend its complaints information to let patients know that they can contact Healthcare Improvement Scotland at any time during the complaints process. This should include the correct details (see page 8).  National Care Standards – Independent Hospitals (Standard 9.2– Expressing your views)
<b>b</b>	include information about advocacy services throughout the service and in the patient information pack (see page 8).  National Care Standards – Independent Hospitals (Standard 27.1– Making choices and understanding your rights)

<b>Quality Statement 0.3</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>We recommend that the service should:</b>	
<b>c</b>	ensure that all the side effects of medication changes are explained and fully recorded in the patient consultation notes (see page 9).  National Care Standards – Independent Hospitals (Standard 5.6 Planning your care)

### Quality Statement 1.1

#### Requirements

None

#### Recommendations

##### We recommend that the service should:

- d** update its patient information pack to include information about the role of the patient participation co-ordinator (see page 10).

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

### Quality Statement 1.6

#### Requirements

None

#### Recommendations

##### We recommend that the service should:

- e** complete risk assessments for all appropriate work tasks. These risk assessments, and the risk register, should be reviewed on a regular basis (see page 11).

National Care Standards – Independent Hospitals (Standard 12.4 Clinical effectiveness)

### Quality Statement 2.3

#### Requirements

##### The provider must:

- 1** ensure that a thorough examination of the passenger lift and hoists are completed in line with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 (see page 12).

Timescale – Immediately

*Regulation 3(a)*

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

#### Recommendations

None

### Quality Statement 2.4

#### Requirements

None	
<b>Recommendations</b>	
<b>We recommend that the service should</b>	
<b>f</b>	ensure compliance with Health Protection Scotland's National Infection Prevention and Control Manual when laundering linen (see page 13).  National Care Standards – Independent Hospitals (Standard 13.2 Prevention of infection)

## 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](mailto: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.



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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.