Unannounced Follow-up Inspection Report: Independent Healthcare

Wallace Hospital
Oakview Estates Limited, Dundee

15 March 2018
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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 autism. The building is divided into two separate services: Wallace Hospital is located on the upper floor and has 10 inpatient places; the ground floor accommodates a care home registered with The Care Inspectorate.

About our inspection

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

We carried out an unannounced inspection to Wallace Hospital on 15 March 2018. The inspection team was made up of three inspectors. The inspection was carried out as a result of information supplied to Healthcare Improvement Scotland. The inspection focused on the areas highlighted from the information supplied, which were staffing and the quality of care.

We assessed the service against specific areas of two quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services) Regulations 2011 and the Health and Social Care Standards.

We have not re-graded the service as a result of this focused inspection.

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

What the service did well

Patient care plans were designed to cover a patient-centred approach to patient care. The wards had a calm and settled atmosphere.

What the service could do better

A robust system to record patient care must be in place. An appropriate level and skill mix of staff must be on duty at all times. New members of staff must receive an induction appropriate to their role and newly qualified nursing staff must receive mentorship in line with the providers preceptorship policy.

This inspection resulted in three requirements. 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.

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

What the provider has done to meet the requirements and recommendations we made from our previous inspections

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).

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

Action taken
From patient care records, we saw that information was stored across multiple folders. This complex cross-referencing system duplicated information and made it difficult to assess patient progress. We focused on the patient health part of the care records. This recommendation is not met (see requirement 2).

Quality Statement 2.3
We ensure that all our clinical and non-clinical equipment within our service is regularly checked and maintained.

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

Action taken
All members of staff had a key to access the service’s fire extinguishers. Staff were issued keys at the start of their shift. The hospital introduced a sheet where the keys were signed out and in at the end of the shift. This recommendation is met.

Quality Statement 4.2
We involve our workforce in determining the direction and future objectives of the service.

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

Action taken
We did not inspect against this recommendation. This recommendation will be carried forward.
3 What we found during this inspection

Quality Theme 1 – Quality of care and support

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

The wards had a calm atmosphere during our inspection. We observed several patients who appeared settled and were taking part in activities such as arts and crafts.

We saw patients on one-to-one observations had a good rapport with the staff member carrying out the observation.

Information about each patient’s care and treatment was kept in a patient care record. The care records were used to give an up-to-date summary of the patient’s care. Staff also used electronic templates to develop generic and tailored care plans for each patient. We reviewed care plans for all nine service users during our inspection.

Nursing and medical staff competed daily written records summarising the patient’s health needs, care and treatment.

Areas for improvement

As well as care plans, patients had an electronic person-centred profile and nursing assessment. One patient’s person-centred profile stated that their ‘big health issue’ was epilepsy. However, this issue was not recorded in the nursing assessment. We also saw that another patient’s epileptic seizure had not been recorded in their epilepsy care plan. Care plans should have been reviewed at least every 3 or 6 months, depending on the patient’s healthcare needs. We saw discrepancies in the care plans. There was information about the patient’s health care needs which had been recorded the patient’s personal profiles. There were several instances where this had not been transferred into their health care plans.

Checklists included in patient care records were incomplete. For example, some timescales to review care plans were blank, which indicated some care plans had not been reviewed. A lack of information about care and treatment could have a negative impact on how patients’ needs are met.

The daily written record should state the patient’s name and date of birth. However, one daily written record we inspected did not state these details. If this record became loose, staff may not know whose information it was. The time recorded for an episode of care on one daily written record we inspected was also incorrect, which caused confusion about the care given.

In two patient care records, we saw inappropriate language used to record care and treatment, such as describing a patient’s presentation as a ‘melt down’. Blank spaces were left next to some questions on assessment documents, which is not in line with best practice (requirement 1).
Requirement 1 – Timescale: by 14 May 2018

- The provider must ensure that patient care records provide an up-to-date and accurate summary of how the patient’s health, safety and welfare needs are met. To achieve this, the provider must:

  (a) ensure individual care plans such as epilepsy are updated following any changes in the service users condition or treatment
  (b) ensure ‘big health issues’ recorded in the person-centred profiles are included in the patient care record, and
  (c) carry out regular audits of the patient care record.

- No recommendations.

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.

The manager and nurse in charge told us that they had professional development plans in place and received regular supervision.

A preceptorship programme is where new members of trained staff or newly qualified staff have a mentor on their shift to support and guide them. According to the provider’s policy for preceptorship, this mentor should support and guide new staff through their first 3 months in the hospital. During this time, staff must demonstrate that they have achieved a satisfactory level in several competencies.

During our inspection, we spoke with the nurse consultant, service manager and the nurse in charge of the ward.

Areas for improvement

Staff we spoke with reported that there had been a lot of changes in the management staff around December 2017. Staff felt that this had contributed to a lack of leadership support and direction for the staff on the ward.

The service manager was responsible for producing the staff rota. During our inspection, we saw that eight members of staff were required to carry out observations on six patients who needed more support. To determine if enough staff were on duty, we looked at the rota for February, March and April 2018. The rota showed that no trained nurses had been on duty in the hospital on 5 and 6 March 2018. This was confirmed in conversations we had with staff. A care home shares the same building and provider, and the service manager told us that the care home’s trained nurse had been responsible for the hospital on these days.

As part of its registration process, Healthcare Improvement Scotland had agreed that staff could support either service only in the event of an emergency. This agreement was made to allow for unexpected or unpredictable incidents. Using staff from another service is not acceptable and in this instance meant Thistle Care Home was unable to meet its own staffing levels on 5 and 6 March 2018.
Staff rotas also showed that the service had contracted a high level of agency staff in February and March 2018. This highlighted that the service was 1.5 trained members of staff short of its full staff complement. The service manager reported that before December 2017, use of agency staff had been low. The service planned to fill the 1.5 vacancies to make up its full staffing complement (requirement 2).

Three recently employed new members of staff made up most of the full time trained nurses. Trained members of staff we spoke with told us that the provider’s preceptorship policy had not been followed (requirement 3).

**Requirement 2 – Timescale: by 14 May 2018**

- The provider must ensure that at all times suitably qualified and competent persons are working in the independent health care service is such numbers as are appropriate for the health, welfare and safety of service users.

**Requirement 3 – Timescale: by 14 May 2018**

- The provider must ensure that each person employed in the provision of the health care service receives education and training appropriate to the work they are to perform.

**Recommendation**

- 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.

### Quality Statement 1.5

**Requirement**

The provider must:

1. ensure that patient care records provide an up-to-date and accurate summary of how the patient’s health, safety and welfare needs are met. To achieve this, the provider must:
   
   (a) ensure individual care plans such as epilepsy are updated following any changes in the service users condition or treatment
   (b) ensure ‘big health issues’ recorded in the person-centred profiles are included in the patient care record, and
   (c) carry out regular audits of the patient care record (see page 8).

Regulation 4 (2)(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
Timescale – by 14 May 2018

**Recommendations**

None

### Quality Statement 3.3

**Requirements**

The provider must:

2. ensure that at all times suitably qualified and competent persons are working in the independent health care service is such numbers as are appropriate for the health, welfare and safety of service users (see page 9).

Regulation 12(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
Timescale – by 14 May 2018
3 ensure that each person employed in the provision of the health care service receives education and training appropriate to the work they are to perform (see page 9).

Regulation 12(c) ii
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
Timescale – by 14 May 2018

Recommendations

None

Recommendation carried forward from our 24 April 2017 inspection

We recommend that the service should:

include support staff in multidisciplinary meetings.

National Care Standards – Independent Hospitals (Standard 21.7 – Allied health and social care professionals)
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.