Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

About the service we inspected
Graham Anderson House, Glasgow, is a specialist assessment and rehabilitation hospital for people with a non-progressive acquired brain injury. It forms part of the network of specialist rehabilitation centres provided by the Brain Injury Rehabilitation Trust with the registered provider as the Disabilities Trust.

The service states that it: “specialises in the assessment and rehabilitation of people who are experiencing behavioural disorders following a brain injury. Individuals may also have severe cognitive, physical and/or emotional problems including verbal and physical aggression, impaired social functioning, disinhibited behaviours and neuropsychiatric symptoms.” Their goal is to enable service users to function as independently as possible, develop their lives as they choose and participate in the wider community.

About the inspection visit
We carried out an unannounced inspection to Graham Anderson House on the evening of Tuesday 11 March and Wednesday 12 March 2014. The purpose of this inspection was to follow up on requirements and recommendations made at the previous inspection of 7 and 12 August 2013. This report should be read alongside the report from that inspection. http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare.aspx

The inspection team was made up of two inspectors: Kevin Freeman-Ferguson and Gareth Marr.

We assessed the service against three quality themes related to the National Care Standards.

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

Quality Theme 1 – Quality of care and support: 4 - Good
Quality Theme 3 – Quality of staffing: 4 - Good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Graham Anderson House can be found in Appendix 2 and further information on grading can be found in Appendix 4.

Overall, we found evidence at Graham Anderson House that significant progress has been made to address the concerns raised at the previous inspection. The service has taken action to meet all of the requirements and recommendations made at the previous inspection and from an upheld complaint investigation we carried out in October 2013. We will continue to inspect Graham Anderson House to ensure that the improvements seen during this inspection are maintained.

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at Graham Anderson House for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 7 and 12 August 2013

Requirement

The provider must ensure that all medication is administered following the instructions of the pharmacist who dispensed it.

Action taken

This requirement is reported under Quality Statement 1.4 in this report. This requirement has been met.

Requirement

The provider must ensure that all patients are given covert medication following current best practice guidance. To do this the provider must ensure that:

(a) the person or their representative is involved in the discussions about use of covert medication. If staff believe it is not appropriate to have this discussion, the rationale must be clearly documented in the person’s healthcare record
(b) written advice is sought from a pharmacist about how the medication can be given safely. This advice should be sought before the first dose of covert medication is given unless it has to be given in an emergency situation. If it is given without advice of a pharmacist, then the reason for doing so must be clearly documented in the person’s healthcare record. Advice should be sought as soon as practicable after the medication is commenced, and
(c) a care plan is in place which clearly sets out how the person’s covert medications will be managed.

Action taken

This requirement is reported under Quality Statement 1.4 in this report. This requirement has been met.

Requirement

The provider must ensure that there is a clear care plan in place when a person is subject to chemical restraint. The care plan should clearly detail:

(a) the reason chemical restraint is required
(b) that restraint should be used as a last resort
(c) the situations the medicine should be used
(d) how often the use of the chemical restraint should be reviewed, and
(e) the type of medication which should be used. This must be consistent with what is written in the person’s risk assessment and medication prescription sheet.

Action taken

This requirement is reported under Quality Statement 1.4 in this report. This requirement has been met.
Requirement

The provider must ensure that any restraint that takes place is the only practicable means of securing a person's welfare and safety and the circumstances are exceptional. To do this, the provider must ensure:

(a) there is a robust risk assessment in place that is regularly reviewed
(b) the risk assessment and plan of care are discussed and agreed with the person using the service and any legal representatives they have, and
(c) when restraint is used, there is a clear rationale documented in the person’s notes detailing why this was the only practicable means available to staff and the circumstances that meant restraint was necessary.

Action taken
This requirement is reported under Quality Statement 1.6 in this report. This requirement has been met.

Requirement

The provider must ensure that every person using the service has a patient care record in place. The record must:

(a) set out how the person’s health, safety and welfare needs are to be met
(b) document consultation with the person who uses the service and where appropriate their representative, particularly if the representative has been granted legal powers to act on the person’s behalf
(c) contain consistent information in all parts of the record where information about the person is held
(d) be fully available to all staff who are involved in looking after the person who uses the service, and
(e) be kept fully up to date.

Action taken
This requirement is reported under Quality Statement 1.6 in this report. This requirement has been met.

Requirement

The provider must:

(a) conduct a full environmental and infection control audit, and
(b) provide Healthcare Improvement Scotland with a copy of this audit along with an action plan detailing how any actions will be addressed.

Action taken
This requirement is reported under Quality Statement 1.6 in this report. This requirement has been met.
Requirement

The provider must ensure that the model of care being used in the service is clearly described. The provider must also ensure that all staff in the service are aware of the model and are able to describe how to put it into practice.

Action taken
This requirement is reported under Quality Statement 3.3 in this report. This requirement has been met.

Requirement

The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must:

(a) ensure all staff attend training on protecting a person’s human rights, and
(b) ensure all staff attend training which outlines what practices are inappropriate and details their responsibility to report this to senior staff.

Action taken
This requirement is reported under Quality Statement 3.3 in this report. This requirement has been met.

Requirement

The provider must ensure that all staff provide services in a manner that respects the privacy and dignity of people who use the service. To do this, the provider must be able to demonstrate there are systems in place to ensure staff are not treating people in a manner which does not respect their privacy or dignity.

Action taken
This requirement is reported under Quality Statement 3.4 in this report. This requirement has been met.

Requirement

The provider must ensure that all qualified nurses who are in charge of a shift are fully aware of their responsibilities to have overview of the practices of all staff they are in charge of during that shift.

Action taken
This requirement is reported under Quality Statement 4.3 in this report. This requirement has been met.
What the service has done to meet the recommendations we made at our last inspection on 7 and 12 August 2013

Recommendation

*The provider should ensure that all controlled drugs are disposed of in the correct manner.*

**Action taken**

This recommendation is reported under Quality Statement 1.4 in this report. This recommendation has been met.

Recommendation

*The provider should ensure that nursing staff are able to check the expiry date of all medication that is administered from medication strips or medicine bottles.*

**Action taken**

This recommendation is reported under Quality Statement 1.4 in this report. This recommendation has been met.

Recommendation

*The provider should ensure that full details recorded of any legal powers held by someone who acts on behalf of a person using the service are prominently recorded.*

**Action taken**

This recommendation is reported under Quality Statement 1.6 in this report. This recommendation has been met.

Recommendation

*The provider should ensure that the management team in the service formally observes the interactions between staff and people who use the service. This will ensure that people are being treated in a manner consistent with the culture and ethos of the service.*

**Action taken**

This recommendation is reported under Quality Statement 4.3 in this report. This recommendation has been met.
What the provider has done to meet the requirements we made following an upheld complaint investigation in October 2013

Requirement

The provider must make proper provision for the health, welfare and safety of service users. To do this, the provider must ensure:

(a) There is a robust risk assessment in place for any service user who is at risk of absconding.
(b) When a person absconds a full risk assessment is undertaken and care plans put in place to maintain that service user’s safety as soon as they are returned to the unit.
(c) It is clearly documented in the service user’s health care record the risk assessment that has been undertaken and the care plan that has been put in place. This should include any adaptations to the physical environment and any enhanced levels of observations that are commenced.
(d) That all staff are made fully aware of the care plan for the service user particularly with regards to observations. This must include all non-clinical staff who work in patient areas.

Action taken

We looked at the patient care record of a person using the service who was at risk of absconding. We found that:

- a risk assessment was in place detailing what signs the person might show prior to absconding, and
- the care plan set out the actions staff should take if the person absconds.

We spoke with several staff. They all told us that if a person absconds, or there is any change in their behaviour during the day, this is alerted to all members of the team. Staff also carry out security checks of the environment to make sure that any potential risks are identified. This requirement is met.

Requirement

The provider must ensure that all staff have the necessary knowledge and skills relevant to their role when managing people who are at risk of absconding.

Action taken

Staff we spoke with told us that this had been addressed as part of their training into managing people who are distressed. Staff were able to describe how they would support a person who was at risk of absconding. Staff who were involved in the incident which led to the requirement were able to describe the lessons they had learned. This requirement is met.
3 What we found during this inspection

Quality Theme 1

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: 4 - Good

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that all medication is administered following the instructions of the pharmacist who dispensed it.’

At the previous inspection, we saw that some service users were given medication that had been dispensed in single doses. The medication had an ‘ingest’ date on the label. This is the date that the pharmacy is directing when the medication should be given. We saw that medication was not being given on the date directed by the pharmacist. During this inspection, we saw that the medication was laid out in the medication cupboard in date order. We saw that staff had given medication following the instructions from the pharmacist. This requirement is met.

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that all patients are given covert medication following current best practice guidance. To do this the provider must ensure that:

(a) the person or their representative is involved in the discussions about use of covert medication. If staff believe it is not appropriate to have this discussion, the rationale must be clearly documented in the person’s healthcare record

(b) written advice is sought from a pharmacist about how the medication can be given safely. This advice should be sought before the first dose of covert medication is given unless it has to be given in an emergency situation. If it is given without advice of a pharmacist, then the reason for doing so must be clearly documented in the person’s healthcare record. Advice should be sought as soon as practicable after the medication is commenced, and

(c) a care plan is in place which clearly sets out how the person’s covert medications will be managed.’
During this inspection, we saw one person using the service who was currently being given medication covertly. This means that staff have decided that the medication is necessary for this person and disguise it in food or a drink to make sure the person takes it. We looked at this person’s care record. We saw that there was:

- a care plan in place detailing how the medication should be given
- written guidance from a pharmacist on how the medication should be given
- written confirmation that the person’s representative had been consulted and had agreed to the medication being given covertly, and
- evidence the service was following the Mental Welfare Commission’s guidance on giving covert medication.

This requirement is met.

Following the previous inspection in August 2013, we made a requirement that the provider must:

’ensure that there is a clear care plan in place when a person is subject to chemical restraint. The care plan should clearly detail:

(a) the reason chemical restraint is required
(b) that restraint should be used as a last resort
(c) the situations the medicine should be used
(d) how often the use of the chemical restraint should be reviewed, and
(e) the type of medication which should be used. This must be consistent with what is written in the person’s risk assessment and medication prescription sheet.’

We looked at the patient care records for two service users who may be subject to chemical restraint. Chemical restraint is when a person is given medication to help control their behaviour. While we saw that neither had been given medication for this purpose recently, we saw that both had a care plan in place detailing:

- the reasons that chemical restraint should be used
- that chemical restraint should be used as a last resort
- what other interventions staff should try before using medication
- regular reviews by the multidisciplinary team, and
- details of the medication that could be given, what dose could be given, how often it could be given and the daily maximum dose that could be given.

This requirement is met.
Following the previous inspection in August 2013, we made a recommendation that the provider should:

‘ensure that all controlled drugs are disposed of in the correct manner.’

We saw that staff are now following the correct procedures for disposing of controlled drugs. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. This recommendation is met.

Following the previous inspection in August 2013, we made a recommendation that the provider should:

‘ensure that nursing staff are able to check the expiry date of all medication that is administered from medication strips or medicine bottles.’

We checked a number of medication strips and bottles. We saw that staff were able to clearly read the expiry date when they administered medication. Staff told us that if the medication is delivered without the expiry date being visible this is then sent back to the pharmacy. This recommendation is met.

■ No requirements.
■ No recommendations.
Quality Statement 1.6
We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 4 - Good
Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that any restraint that takes place is the only practicable means of securing a person’s welfare and safety and the circumstances are exceptional. To do this, the provider must ensure:

(a) there is a robust risk assessment in place that is regularly reviewed
(b) the risk assessment and plan of care are discussed and agreed with the person using the service and any legal representatives they have, and
(c) when restraint is used, there is a clear rationale documented in the person’s notes detailing why this was the only practicable means available to staff and the circumstances that meant restraint was necessary.’

We looked at the patient care records for two service users who may require physical restraint. Risk assessments were in place which detailed the risks that were present. These had been reviewed monthly. We saw that care plans were in place which detailed that any form of physical intervention should be used as a last resort. The care plans made clear what other interventions staff should use before resorting to physical intervention. We saw that the care plans had been discussed with the person using the service or their representative. We spoke with several staff who told us that they have recently been given training in a new method of supporting people who are anxious or distressed. The focus of the new method is much more on supporting people without the need for physical intervention. All the staff we spoke with told us that they feel there has been a change in culture in the service as a result of the training and they use physical interventions as a last resort. This requirement is met.

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that every person using the service has a patient care record in place. The record must:

(a) set out how the person’s health, safety and welfare needs are to be met
(b) document consultation with the person who uses the service and where appropriate their representative, particularly if the representative has been granted legal powers to act on the person’s behalf
(c) contain consistent information in all parts of the record where information about the person is held
(d) be fully available to all staff who are involved in looking after the person who uses the service, and
(e) be kept fully up to date.’
We looked at three patient care records during the inspection. The service has introduced a new care plan system which it believes better reflects the needs of the service users. The patient care records we looked at had detailed care plans setting out how the service user’s needs should be met. We found that the service has combined the patient care records since the previous inspection. This means that all the information about a service user is in one place allowing staff access to all relevant information. There is also a duplicate of the care plans kept in the service user’s room which gives staff quick access to information that will help them deliver the correct care. We saw that the information in the main patient care record and the care plans in the service user’s bedroom was the same. There was evidence in the patient care records we looked at that the service user and, where appropriate, their representative had been consulted. This requirement is met.

Following the previous inspection in August 2013, we made a requirement that the provider must:

(a) conduct a full environmental and infection control audit, and
(b) provide Healthcare Improvement Scotland with a copy of this audit along with an action plan detailing how any actions will be addressed.

The service carried out a full environmental and infection control audit and supplied a copy along with an action plan within the timescales set out in the requirement (within one week of receiving the previous inspection report). This requirement is met.

Following the previous inspection in August 2013, we made a recommendation that the provider should:

‘Ensure that full details recorded of any legal powers held by someone who acts on behalf of a person using the service are prominently recorded.’

We saw that these details were held within the patient care records we looked at during the inspection. We also saw that the service holds a duplicate copy of this information in a single folder. This provides an easy reference for staff to look at. We saw that this folder contains full details of the legal powers the person holds. This recommendation is met.

■ No requirements.
■ No recommendations.
Quality Theme 3

Quality Statement 3.3

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

Grade awarded for this statement: 4 - Good

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that the model of care being used in the service is clearly described. The provider must also ensure that all staff in the service are aware of the model and are able to describe how to put it into practice.’

The model of care in a service sets out the framework that the service uses to deliver the care. It is important that staff are aware of the model used as this helps them to deliver care that is consistent and guided by best practice. We saw that the consultant neuropsychologist in the service has recorded a video setting out the model of care that is used in the service. The majority of staff have watched this video and have then written a short note on how this relates to their practice. This helps to show that staff have understood the model. We also saw that an overview of the model is displayed in the area where staff handovers take place. The staff we spoke with told us that this was very helpful and kept the model of care at the forefront of their mind. Staff were able to describe the model to us and tell us how it influenced the way they work. This requirement is met.

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘make proper provision for the health, welfare and safety of service users. In order to do so, the provider must:

(a) ensure all staff attend training on protecting a person’s human rights, and
(b) ensure all staff attend training which outlines what practices are inappropriate and details their responsibility to report this to senior staff.’

We saw training records which show that the majority of staff have received training on protecting a person’s human rights. The training includes reference to the Mental Welfare Commission’s best practice guidance. Staff in the service have to attend mandatory adult support and protection training. Staff we spoke with were clear on their responsibilities to report any concerns to senior staff right away. This requirement is met.

■ No requirements.
■ No recommendations.
Quality Statement 3.4

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

Grade awarded for this statement: 4 - Good

Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that all staff provide services in a manner that respects the privacy and dignity of people who use the service. To do this, the provider must be able to demonstrate there are systems in place to ensure staff are not treating people in a manner which does not respect their privacy or dignity.’

We saw that the service now has an audit tool in place which senior staff use to observe staff interactions with service users. Feedback is given to the staff member about the quality of the interaction. We looked at examples of when this tool had been used. The majority of the audits we looked at observed positive interactions between staff and service users. When the senior staff observed poor practice, they used this as an opportunity to challenge the member of staff and then support them to reflect on how they could have managed the interaction in a better way.

The service has also introduced ‘dignity champions’. These are members of staff who spend time observing how colleagues are interacting with service users. They also discuss with colleagues the importance of treating people with dignity and respect.

The speech and language therapist in the service has created a training video on communication. This video is designed to guide staff in the appropriate way to communicate with service users. The majority of staff in the service have completed this training.

During the inspection, we saw positive interactions between staff and service users. All the staff we spoke with told us that they had no concerns with how colleagues interact with people. Many of the staff we spoke with were new to the service. This requirement is met.

■ No requirements.
■ No recommendations.
Quality Theme 4

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

Grade awarded for this statement: 4 - Good
Following the previous inspection in August 2013, we made a requirement that the provider must:

‘ensure that all qualified nurses who are in charge of a shift are fully aware of their responsibilities to have overview of the practices of all staff they are in charge of during that shift.’

We looked at the minutes from a qualified nurse meeting which happened shortly after our previous inspection. The registered manager of the service made clear the expectations on nurses in the service to be fully accountable for the shift they are in charge of. Staff we spoke with during the inspection told us that it was very clear who was in charge of each shift. They told us that the qualified nurses in the service continually make sure that other staff are carrying out the duties they have been allocated that day. Staff told us that any concerns about a person using the service are escalated to the nurse in charge to allow them to make a decision on what care should be given. We spoke with nurses who told us they felt well supported to make decisions and to take charge of their own shifts. They were aware of their responsibilities as the nurse in charge. This requirement is met.

Following the previous inspection in August 2013, we made a recommendation that the provider should:

‘ensure that the management team in the service formally observes the interactions between staff and people who use the service. This will ensure that people are being treated in a manner consistent with the culture and ethos of the service.’

As reported under Quality Statement 3.4, we saw that the service now has an audit tool in place to observe staff interactions. This recommendation is met.

- 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.

This inspection resulted in no requirements and no recommendations.
## Appendix 2 - Grading history

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<thead>
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<th>Quality of Information</th>
<th>Quality of Care and Support</th>
<th>Quality of Environment</th>
<th>Quality of Staffing</th>
<th>Quality of Leadership &amp; management</th>
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</tr>
</tbody>
</table>

Please see Appendix 4 for a full explanation of the quality theme grades.
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 4 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: hcis.chiefinspector@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 4.

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:

![Grading Scale]

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:  
Appendix 5 - Inspection process

How we inspect services:
We follow a number of stages in our inspection process.

**Before inspection**
- The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.
- We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**
- We arrive at the service and undertake physical inspection.
- We have discussions with senior staff and/or operational staff, people who use the service and their carers.
- We give feedback to the service's senior staff.
- We undertake further inspection of services if significant concern is identified.

**After inspection**
- 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](http://www.healthcareimprovementscotland.org)
- 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.
### Appendix 6 - Terms we use in this report

#### Terms and abbreviations

<table>
<thead>
<tr>
<th><strong>Provider</strong></th>
<th>A provider is an individual, partnership or business that delivers a regulated healthcare service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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