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 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that people who use services are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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. You can, however,
complaint directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@nhs.net
2 Summary of inspection

Castle Craig Hospital Ltd trading as Castle Craig Hospital is registered with Healthcare Improvement Scotland as a private psychiatric hospital providing 24-hour care and treatment to adults with alcohol and drug misuse problems.

The hospital provides treatment for drug and alcohol addiction. Treatment is delivered by a team of doctors, registered nurses and therapists under the supervision of a consultant psychiatrist.

The hospital has 122 inpatient beds. Bedrooms are a mix of single rooms and multi-occupancy rooms, some with en-suite facilities and others with communal bathrooms and toilets. Care and treatment is provided in two separate units with communal sitting rooms, dining areas, group therapy rooms and meeting rooms.

The hospital is situated in a rural countryside location near Peebles and Biggar. Onsite car parking is available.

We carried out an announced inspection to Castle Craig Hospital on Thursday 1 December 2011.

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

The inspection team was made up of three inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Castle Craig Hospital can be found in Appendix 4.

We assessed Castle Craig Hospital 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: 5 - Very good**

**Quality Theme 2 - Quality of environment: 5 - Very good**

**Quality Theme 3 - Quality of staffing: 5 - Very good**

A previous inspection was carried out at Castle Craig Hospital on 28 October 2010 which resulted in recommendations being made to improve some aspects of medicines management. During this inspection, the inspection team noted that the previous recommendations had been addressed. However, further observations have been identified in relation to medicines and these form the main part of the report.

In this inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- people’s healthcare records
- staff records
- medicines records
• hospital policies and procedures
• health and safety records
• risk assessments
• maintenance records
• accidents and incidents
• minutes of meetings between people who use the service and staff
• satisfaction surveys of people who use the service, and
• information leaflets.

We had discussions with a variety of people including:

• the hospital director
• the deputy hospital manager
• the head nurse
• registered nurses
• therapists
• healthcare support workers
• administration staff
• the housekeeper, and
• six people who used the service.

During the inspection we observed how staff cared for people who use the service. We also reviewed the hospital environment. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. We inspected the following areas of the hospital:

• a sample of single and multi-occupancy bedrooms
• communal areas such as sitting rooms
• activity rooms
• group therapy rooms
• nurses’ office
• medicines and treatment room
• communal corridor areas
• storage areas, and
• the administration office.

The inspectors spoke informally to six people who use the service who all spoke positively about their individual care and support, the environment and the catering provided in the hospital.

All people spoken to felt that the hospital environment provided a feeling of safety and support during detoxification treatment. People who use the service described a number of forums where their voice could be heard, including peer groups and community
meetings. A weekly forum is held where community issues can be raised and will be responded to by the hospital. Some people reported that while the information provided prior to admission was useful, information could have been clearer about some of the shared accommodation in the hospital.

The following are some of the comments offered by people who use the service:

- ‘Therapies are helping a lot. I like the routine and structure.’
- ‘I like the therapists best who have massive knowledge and experience.’
- ‘I feel involved in care.’
- ‘It feels great to be off drugs in a supportive community.’
- ‘I feel involved in care. I get a copy of my treatment plan and meet with my therapist regularly. Things are explained well, any questions are answered.’
- ‘Staff are very good, they go out their way to help’.

Overall, we found evidence at Castle Craig Hospital that:

- people who use the service are treated as individuals within a structured model of addiction treatment, care and support
- people are supported by a committed and motivated multidisciplinary team
- people are directly involved in all stages of their care
- there is a commitment to support staff in ongoing professional development
- good systems are being followed in relation to medicines management
- healthcare records are being maintained by staff, and
- regular satisfaction surveys are being carried out.

We did find that improvement is required in some areas which include:

- a legal requirement to display the current Healthcare Improvement Scotland certificate of registration
- aspects of medicines management, and
- full completion of healthcare records for all people who use the service.

This inspection resulted in three requirements and 11 recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

Castle Craig Hospital must address the requirements and make the necessary improvements, as a matter of priority.

We would like to thank all staff at Castle Craig Hospital for their assistance during the announced inspection.
3 Key findings

During the inspection, we observed that Castle Craig Hospital’s Healthcare Improvement Scotland certificate of registration was not on display. A requirement is made (see requirement 1)

Requirement 1 – Timescale: Immediate – by 1 December 2011
- Castle Craig Hospital is required to ensure that the relevant certificate of registration as issued by Healthcare Improvement Scotland is on display in a conspicuous place in the premises.

This is to ensure compliance with castle Craig Hospital’s registration under the National Health service (Scotland) Act 1978 as per the requirements of Part 6 of the Public Services Reform (Scotland) Act 2010, Section 10Q (5).

Quality Theme 1

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 – Excellent
Castle Craig Hospital aims to involve people who use the service in their care. There was evidence of input from people in a number of ways. We found there was a formal participation strategy in place. Leaflets were available to people who use the service and their families which clearly explained this.

There were weekly community meetings in each area. There was evidence in the minutes of the meetings that people felt comfortable to raise issues and evidence of action being taken in response to issues raised. For example some people suggested that they would like the opportunity to watch the news on television at 10pm. This was discussed and considered by the management team and people were now able to do this.

Each person who uses the service is asked to complete a survey questionnaire prior to leaving the intensive therapy unit (ITU) and on discharge from the extended care unit (ECU). The information is analysed, results collated and a report and action plan produced. We saw that the hospital responded positively to suggestions made. For example, we saw that people had commented on the inconsistent quality of the information DVDs used in treatment. A major review of these had resulted in new DVDs and written information leaflets being produced.

There were notices displaying action that had been taken from issues raised. For example, the type of tumblers used in the dining area. These were being changed from plastic to glass after consultation with people who use the service.

Staff spoken with during the inspection were aware of the importance of involving people in all aspects of their care and day to day life. Staff viewed this as an important part of each individual treatment plan.
There was written evidence in healthcare records that people were given the opportunity to take part in treatment review meetings. People spoke positively of being involved in the planning of their care and the importance of this in helping them to get better.

There was a variety of brochures available which were updated when necessary. There was evidence that several new information leaflets had been recently updated.

Internet communication had been developed on social internet websites such as Facebook, You Tube and Twitter and we were informed this had been well used and provided valuable feedback in developing the service. This idea came from a focus group of people who use the service held during the hospital’s annual reunion held in 2010.

**Area for improvement**

We suggested to management that minutes of community meetings should be displayed in an area accessible to people who use the service. It was agreed that this would be taken forward.

- No requirements.
- No recommendations.

**Quality Statement 1.2**

We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

**Grade awarded for this statement: 6 – Excellent**

Several written policies and procedures were assessed during the inspection. All policy documents reviewed were presented in a consistent style. There was evidence that these documents had been reviewed and updated at different dates in the past with specific amendments made. All policies viewed during the inspection were in date and had future review dates set. Policies were available for all staff to access both in paper format and on computer.

Staff spoken to during the inspection were aware of how to access policies and procedures and the importance of their guidance.

We found there was a detailed pre-placement assessment carried out when a person was referred to Castle Craig Hospital. A care plan was developed with the service user which assessed the individual's health issues and clinical support required. The individualised approach to care planning was viewed as an essential part of promoting service user recovery and wellbeing.

Each person had a named therapist. We also found there was a named nurse system in place. When we spoke to people they spoke positively about having named care staff and the role these individuals played in their care. People spoke of feeling confident in staff.
Education and training provided included topics which reflect current evidence-based practice.

We were told that both formal and informal staff supervision took place on an ongoing basis. Staff spoke of feeling supported in their individual roles.

**Area for improvement**

All policy documents should be reviewed to ensure that any references to previous Scottish independent healthcare regulation or regulators are corrected.

- No requirements.
- No recommendations.

**Quality Statement 1.4**

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

**Grade awarded for this statement: 5 – Very good**

We found that the service was demonstrating very good compliance and practice in relation to the areas covered by this quality statement.

Since the last inspection in October 2010, Castle Craig Hospital has made considerable improvements in the delivery of pharmaceutical care to people who use the service and would appear to have successfully addressed the four recommendations made in the previous inspection report. These improvements have, in the main, been driven by the hospital procuring a clinical pharmacy service from an external pharmacy provider.

In the previous inspection of 28 October 2010, four recommendations were made by the inspection team to improve the quality of service provided to people in Castle Craig Hospital in respect of medicines management. The following actions and improvements were found to have been implemented.

1. The system for ordering medicines within Castle Craig Hospital has been revised following the establishment of a contractual arrangement with an external pharmacy provider. Medicines for those undergoing treatment in the intensive therapy unit (ITU) are provided via the contracted hospital pharmacy service. For people moving from the ITU to the extended care unit (ECU) an arrangement is in place with a nearby local pharmacy to provide medicines. In both units medicines are provided from services that are controlled and supervised by registered pharmacists.

2. The contractual arrangement for the provision of pharmacy services requires the provider to undertake a review of all prescription sheets on a weekly basis and provide a report detailing discrepancies found.

3. The pharmacist from the external pharmacy provider now participates as a member of the hospital clinical governance group. The pharmacist produces reports on a quarterly basis, detailing governance issues connected with medicines management and corrective actions are agreed by the group.
4. The prescribing and medication recording documentation in use at the previous inspection has been replaced by a system provided by the external pharmacy provider. This system has simplified the previously complex arrangement that was in place. The contracted pharmacy provider monitors the standard of prescription completion to ensure that it meets with best practice and does not compromise the safety of people who use the service.

Medicines are managed within a comprehensive set of policies which were compliant with current legislation and guidance. Staff at Castle Craig Hospital provided the inspection team with access to all policies and procedures relating to medicines management within the organisation. The inspection team reviewed the following policies which were all found to be satisfactory:

- controlled drugs
- controlled drugs policy
- controlled drug procedures
- management of people undergoing detoxification
- protocol for doctors and nurses managing detoxification
- prescribing tranquilliser medicines, and
- medicines management.

Controlled drug medication is ordered on stationery provided by the external pharmacy provider. The controlled drugs used in Castle Craig Hospital are obtained, in the main, through a wholesale transaction with the external pharmacy provider who has the necessary Home Office and Medicines and Healthcare products Regulatory Agency (MHRA) licences. Obtaining controlled drugs by this route means that controlled drug requisition forms supplied by the local NHS board do not need to be used, although Castle Craig Hospital does have a supply of these. Nursing and pharmacy staff reported that controlled drugs are rarely, if ever, prescribed on a named service user basis with normal route of supply being administration from stock.

The procedure for the management of people undergoing detoxification states that all detoxification prescribing must be under the direct supervision of a consultant psychiatrist. The medicines management procedure specifies that nursing staff are permitted to administer medication to people without a second check except for:

- the administration of controlled drugs
- medication regimes requiring complex calculations, and
- all detoxification medications.

All medication supplied to people by Castle Craig Hospital is administered by nursing staff. The policy requirement for junior medical staff to prescribe detoxification regimes under the supervision of a consultant psychiatrist is a practice that the inspection team would like to see continued.

Nursing staff at Castle Craig Hospital have access to a number of ‘Homely Remedies’ which they can supply to people for the treatment of minor ailments, without referring to medical staff. Supply of these remedies is documented on the prescription sheet and checked for appropriateness by the pharmacist at their next clinical visit. This arrangement allows nursing staff to complete episodes of care for minor ailments without referral to medical staff and promotes a positive relationship between people who use the service and nurses.
When people arrive at the hospital any medication in their possession is removed and destroyed. Medication is then re-supplied by the hospital. In the situation where people from outside of the UK arrive with medicines not available in the UK, a suitable alternative is sourced. Records of all medicines removed and disposed of are kept. Patient information leaflets are available for medications supplied to people on request.

Medicine management audits are now undertaken regularly as a result of the procured service with the external pharmacy provider. The pharmacist visits every week and reviews all prescribing sheets. Prescriptions are checked to ensure that they are appropriately written, are of an appropriate dose and do not cause significant clinical interactions. The pharmacist documents their findings and collates a quarterly report identifying issues found and making corrective recommendations. The pharmacist also documents issues that require immediate rectification by medical or nursing staff, who countersign the form for the pharmacist to review at their next visit.

As part of the clinical visit, the pharmacist also ensures date checking of medicines is occurring, fridge temperatures are being monitored, the emergency bag is in date and appropriately stocked and that room temperatures are recorded. The pharmacist also participates as a member of the Castle Craig Hospital clinical governance group and attends meetings to ensure that the requirements of medicines management are considered by this group.

The pharmacist produces a number of weekly and quarterly reports with their findings and recommendations for hospital staff to action in areas related to medicines management and clinical pharmacy. A detailed report is also submitted to the clinical governance group every 3 months.

The clinical pharmacy service purchased by Castle Craig Hospital from the external pharmacy provider is comprehensive. It addresses the areas of governance and assurance in relation to medicines management and service user safety that were highlighted in the previous inspection.

Areas for improvement

The inspection team has highlighted areas for improvement and made a requirement and number of recommendations which they feel will enhance the service further. The requirement and recommendations relate to National Care Standards for independent hospitals, Standard 12: Clinical effectiveness and Standard 20 Medicines management.

Controlled drugs were appropriately stored in suitable locked cupboards. Controlled drug registers were being appropriately maintained and included running balances. There was, however, some evidence of scoring out in the controlled drug register as a means of correction. This practice is unacceptable. Errors in controlled drug registers must be corrected by entries in margins or as footnotes. A requirement is made (see requirement 2).

The controlled drug procedure still refers to the use of controlled drug requisition forms provide by the local NHS board. This section should be amended to reflect the process that is now used in conjunction with the external pharmacy provider. It is also recommended that the controlled drug procedure contains a pictorial representation.
of an example, the stationery to be used, completed in an appropriate manner to meet controlled drug legislative requirements.

The controlled drugs policy and controlled drugs procedure appeared to contain contradictory statements regarding the checking of controlled drugs stock. The controlled drugs policy states stock checks should be weekly while the controlled drugs procedure states that they should be daily. It is recommended that this inconsistency is addressed and both procedures are amended to reflect a daily check.

Castle Craig Hospital has a separate whistle blowing policy. It is recommended that this policy is cross referenced in the policies and procedures listed above that were reviewed by the inspection team, in order that practitioners are fully aware of the mechanism by which they can raise concerns in relation to these areas.

Castle Craig Hospital does not operate a key register to allow audit of possession of controlled drug keys. Staff advised that the senior registered nurse on duty was the person in possession of the controlled drug keys. It is recommended that as a point of good practice, a key register is established to allow tracking and auditing of controlled drug key possession.

Castle Craig Hospital has an arrangement with NHS Borders for the destruction of controlled drugs and it is recommended that this arrangement continues.

The Castle Craig accountable officer for controlled drugs is the hospital director. It is recommended that the accountable officer makes contact with the national accountable officers group to ensure practices and procedures in Castle Craig Hospital are aligned with other independent hospitals and the NHS. Establishing this contact would be particularly useful given that the controlled drug audit trail via National Services for Scotland is no longer available due to controlled drugs being ordered via a wholesale arrangement.

It is the policy at Castle Craig Hospital not to allow people who use the service to be in possession of any prescribed medications. It is recommended that the organisation give consideration to allowing people to be in possession of medicines prescribed for conditions unrelated to addiction, to assist with their rehabilitation and preparation for reintegration into the general community. The inspection team was of the opinion that such a development would support one of the key treatment steps related to promoting ownership and individual responsibility of the decisions and choices that people make. However, people are permitted to keep and use supplies of vitamins and complementary therapies that they bring to the hospital.

The stationery used for prescribing and administering medicines is appropriate. All of the prescription sheets were reviewed as part of the inspection and a small number were found to contain entries which were illegible. This issue had been commented on in the previous inspection. It is recommended that a standard procedure is adopted for prescribing medicines which will ensure entries are legible and written in upper case.
Requirement 2 – Timescale: Immediate – by 1 December 2011

- Castle Craig Hospital is required to ensure that errors in the controlled drug registers are corrected by means of a marginal note or footnote. It is not acceptable to delete or score out entries in a controlled drug register.

This is to ensure compliance with the Misuse of Drugs Regulations.

Recommendation a

- Procedure CG41B should be amended to reflect the fact that controlled drug requisition forms issued by the local NHS board are no longer used to order controlled drug stock. It would also be helpful if this procedure contained a pictorial representation of an example of the stationery to be used, completed in an appropriate manner, to meet the requirements of controlled drug regulations.

Recommendation b

- The inconsistency in the frequency of checking controlled drug stocks in procedures CG41A and CG41B should be addressed and amended to state a daily check.

Recommendation c

- A cross reference to the hospital’s whistle blowing policy should be included in the following procedures and policies:
  
  - controlled drugs
  - controlled drugs policy
  - controlled drug procedures
  - management of people undergoing detoxification
  - protocol for doctors and nurses managing detoxification
  - prescribing tranquilliser medicines, and
  - medicines management.

Recommendation d

- A controlled drug key register should be established to allow tracking and auditing of key possession.

Recommendation e

- The arrangement with NHS Borders pharmacy department for the destruction of controlled drugs should continue.

Recommendation f

- The accountable officer for controlled drugs for Castle Craig Hospital should attend meetings of the national accountable officers group.

Recommendation g

- The hospital should consider allowing people who use the service to be in possession of prescribed medicines for conditions unrelated to addictions management.
Recommendation h

- A procedure should be introduced specifying the format to be adopted when completing prescription sheets to ensure legibility.

**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.

**Grade awarded for this statement: 4 - Good**
Castle Craig Hospital uses the 12 step treatment recovery approach to alcohol and addiction problems. Six people’s healthcare records were viewed during the inspection. The records described individual addiction healthcare needs and set out written treatment plans following assessment by doctors, nurses and therapists. The six people spoken to during the inspection all confirmed that they were aware of their healthcare records. All people spoke positively about being closely involved in their care and treatment.

All healthcare records assessed during the inspection were presented in a similar style. Healthcare records consisted of assessment documentation, risk assessments, treatment plans, results of diagnostic tests and progress reporting.

Following review of the six healthcare records, there was evidence that many sections of healthcare records were being completed satisfactorily by staff. However, some individual areas with the records were observed to be blank with no information recorded. Some entries were not signed by the member of healthcare staff making the entry or carrying out an assessment. Many entries were not timed. A requirement is made (see requirement 3).

**Requirement 3 – Timescale: by 31 December 2011**

- Castle Craig Hospital must ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.

  This is to ensure that each person who uses the service has an up-to-date healthcare record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

- 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: 5 – Very good**
There was evidence that individual risks are identified in relation to each person’s health, welfare and associated addiction problems. Treatment and care is then agreed following discussion with each person.
Risk assessments are regularly being carried out in relation to a number of subject areas which include health and safety, fire safety and legionella. Some external organisations are used to support Castle Craig Hospital with this work.

Accidents, incidents or near misses occurring to services users, visitors and staff are recorded on an individual basis and comprehensive records were seen during the inspection. The health and safety manager reviews all accidents and incidents that occur and carries out relevant corrective action.

**Area for improvement**

Individual risk assessment documentation was well maintained, but the frequency of reviews of individual risks was not fully clear in terms of priority. All identified risks would benefit from a review to confirm a more structured frequency of review based on the priority of risk.

■ No requirements.

■ No recommendations.

**Quality Statement 1.7**

We are confident that the quality of service users’ care will benefit from regular review of clinical practice within the service.

*Grade awarded for this statement: 5 – Very good*

There was good evidence of multi-disciplinary working with people who use the service. There was evidence that different aspects of people’s treatment and care are being reviewed on a regular basis. Written records confirmed that regular audits are being carried out on specific treatment areas which include:

- medicines management
- people’s healthcare records
- satisfaction with the service
- nursing observation and monitoring of people undergoing detoxification from drugs and alcohol
- family involvement
- nursing supervision, and
- urine drug screening.

In all of the above areas reviewed, there was evidence that priority areas for improvement had been identified. Further audits were planned to confirm the improvements made.

**Area for improvement**

The above examples of review and audit should be continued and maintained by Castle Craig Hospital. Evidence of re-audit to confirm identified areas for improvement will be assessed at the next Healthcare Improvement Scotland inspection.

■ No requirements.

■ No recommendations.
Quality Theme 2

Quality Statement 2.1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 5 – Very good
The housekeeping manager meets with representatives of people who use the service on a weekly basis to discuss any environmental and/or catering issues which arise.

We found very good opportunities for people to be involved in assessing and improving the quality of the environment through the community meetings and individual questionnaires. People we spoke with confirmed this.

The hospital gave us examples in their self assessment of suggestions made from people who use the service resulting in changes to the environment. For example, input into the colour and décor in areas of the hospital and use of new art work from people working with the art therapist.

The hospital should continue supporting people to be as involved as possible in having a say in all aspects of how the healthcare service is provided.

Area for improvement
We found that the information provided in the information brochures which gave details about the care and treatment provided at Castle Craig Hospital did not give specific information about the shared accommodation. Some shared bedrooms are used in the initial stages of detoxification treatment.

■ No requirements.

Recommendation i
■ Castle Craig Hospital should review and make clearer the pre-admission information on the provision of shared accommodation.

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
Castle Craig Hospital has satisfactory infection control arrangements in place in proportion to the addiction treatment service being provided. A written infection control policy document is in place and at the date of the inspection, was in the process of being reviewed.

The infection control policy included reference information on specific areas which included:

- sharps’ injuries
- waste management
• blood and body fluid spillage
• hand hygiene
• management of high risk specimens
• blood borne virus assessment, and
• handling of linen.

Satisfactory arrangements are in place to clean the premises, manage laundry and linen, and remove clinical waste. The amount of clinical waste produced by Castle Craig Hospital is low, but is removed by an external waste collecting organisation on a regular basis. Cleaning materials are stored securely.

The inspection team spoke to the housekeeping manager who confirmed the process to clean people’s accommodation and launder bed linen.

Environmental audits are being carried out every 3 months. Areas for improvement are highlighted following these audits, although no timeframes for improvement are identified.

**Area for improvement**
The infection control policy should be reviewed to include a separate policy of what to do in the event of an outbreak of illness such as norovirus at Castle Craig Hospital.

Timescales for improvement should be identified following each environmental audit.

- No requirements.

**Recommendation j**
- Castle Craig Hospital should develop a written policy and procedure on how to manage an outbreak of illness.

**Recommendation k**
- Castle Craig Hospital should identify a specific timescale for improvement following environmental audits.
Quality Theme 3

Quality Statement 3.1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 6 – Excellent
People who use the service spoke very positively about the staff at Castle Craig Hospital. A section on staffing is included in the satisfaction survey and we were informed that the outcomes are always excellent.

We were told that people who use the service had provided questions to ask at interviews for the positions of lead nurse and extended care manager. People did not wish to be involved directly in the interviews other than to meet with the candidates informally.

We were informed that people who had previously used the service are often included in the interview and selection process.

The hospital has identified that it will continue to ask each group of people how they wish to participate without unduly pressurising them. This should be taken forward.

■ No requirements.
■ No recommendations.

Quality Statement 3.2
We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 – Very good
The hospital has a written recruitment policy and procedure in place. Six staff personnel files were assessed during the inspection. There was good evidence within each staff record that staff pre-employment recruitment processes are being adhered to in line with current legislation. All required pre-employment information is being obtained before a new member of staff commences work.

Area for improvement
Two staff files viewed during the inspection related to staff who had previously been known to the hospital as trainees before becoming permanent staff. These two files did not contain a written record of interview. This should be noted for future staff recruitment.

■ 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 service to comply with the Act or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Castle Craig Hospital must:</th>
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| 1 | ensure that the relevant certificate of registration issued by Healthcare Improvement Scotland, is on display in a conspicuous place in the premises.  
This is to ensure compliance with Castle Craig Hospital’s registration under the National Health Service (Scotland) Act 1978.  
Timescale – immediate by 1 December 2011  
*Part 6 of the Public Services Reform (Scotland) Act 2010, Section 10Q (5) - Grant or refusal of registration.* |

**Quality Statement 1.1**

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<td>Recommendations</td>
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**Quality Statement 1.2**

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<td>Recommendations</td>
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## Quality Statement 1.4

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<th>Requirement</th>
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<tr>
<td>Castle Craig Hospital must:</td>
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</table>

| 2 | ensure that errors in the controlled drug registers are corrected by means of a marginal note or footnote. It is not acceptable to delete or score out entries in a controlled drug register. |

This is to ensure compliance with the Misuse of Drugs Regulations.

Timescale – immediate by 1 December 2011

National Care Standard 20 – Medicines management (Independent Hospitals)

Regulation 3 (d) (iv) – Welfare of users – the management of medication.
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

### Recommendation

**We recommend that Castle Craig Hospital:**

| a | amends procedure CG41B to reflect the fact that controlled drug requisition forms issued by the local NHS board are no longer used to order controlled drug stock. It would also be helpful if this procedure contained a pictorial representation of an example of the stationery to be used, completed in an appropriate manner, to meet the requirements of controlled drug regulations. |

### Recommendation

**We recommend that Castle Craig Hospital:**

| b | addresses the inconsistency in the frequency of checking controlled drug stocks in procedures CG41A and CG41B so that they are amended to state a daily check. |

### Recommendation

**We recommend that Castle Craig Hospital:**

<p>| c | includes cross reference to the hospital’s whistle blowing policy in the following procedures and policies; |
|    | • controlled drugs |
|    | • controlled drugs policy |
|    | • controlled drug procedures |
|    | • management of people undergoing detoxification |
|    | • protocol for doctors and nurses managing detoxification |
|    | • prescribing tranquilliser medicines, and |
|    | • medicines management. |</p>
<table>
<thead>
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<th>Recommendation</th>
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<tr>
<td>We recommend that Castle Craig Hospital:</td>
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</table>

| d | establishes a controlled drug key register to allow tracking and auditing of key possession. |

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<th>Recommendation</th>
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<tr>
<td>We recommend that Castle Craig Hospital:</td>
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</table>

| e | continues the arrangement with NHS Borders pharmacy department for the destruction of controlled drugs. |

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<th>Recommendation</th>
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<tr>
<td>We recommend that Castle Craig Hospital’s:</td>
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| f | accountable officer for controlled drugs attends meetings of the national accountable officers group. |

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<th>Recommendation</th>
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<td>We recommend that Castle Craig Hospital:</td>
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</table>

| g | considers allowing people who use the service to be in possession of prescribed medicines for conditions unrelated to addictions management. |

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<th>Recommendation</th>
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<tbody>
<tr>
<td>We recommend that Castle Craig Hospital:</td>
</tr>
</tbody>
</table>

| h | introduces a procedure specifying the format to be adopted when completing prescription sheets to ensure legibility. |
### Quality Statement 1.5

**Requirement**

**Castle Craig Hospital must:**

3. ensure that all people’s healthcare records are fully completed in all aspects of their health, safety and welfare needs.

This is to ensure that each person who uses the service has an up-to-date Healthcare record which confirms the date, time and outcome of all consultations, examinations, assessments and treatments carried out and signed by the healthcare professional making the entry.

**Timescale** – by 31 December 2011

**National Care Standard 14.5 - Information held about you (Independent Hospitals)**

**Regulation 4 (2) – Patient care record**

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

**Recommendations**

None

### Quality Statement 1.6

**Requirements**

None

**Recommendations**

None

### Quality Statement 1.7

**Requirements**

None

**Recommendations**

None
### Quality Statement 2.1

**Requirements**

None

**Recommendation**

We recommend that Castle Craig Hospital:

i. reviews and makes clearer the pre-admission information on the provision of shared accommodation.

### Quality Statement 2.4

**Requirements**

None

**Recommendation**

We recommend that Castle Craig Hospital:

j. develops a written policy and procedure on how to manage an outbreak of illness.

**Recommendation**

We recommend that Castle Craig Hospital:

k. identifies a specific timescale for improvement following environmental audits.

### Quality Statement 3.1

**Requirements**

None

**Recommendations**

None

### Quality Statement 3.2

**Requirements**

None

**Recommendations**

None
Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and people who use the service. We will publish a written report 6 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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.
Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on the care of people who use the service.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Prior to inspection visit

- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to inform and prepare for on-site inspections

During inspection visit

- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

- Draft report produced and sent to service

- Report published

- Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Castle Craig hospital was conducted on Thursday 1 December 2011.

The inspection team consisted of the following members:

**Gerry Kennedy**  
Lead Inspector

**Beryl Hogg**  
Locum Associate Inspector

**Tom Byrne**  
Pharmacist Inspector

**Ian Smith (Observing)**  
Associate Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk
We can also provide this information:

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