Unannounced Inspection Report: Independent Healthcare

Scottish Epilepsy Centre | Quarriers | Bridge of Weir

20 February 2013

Scrutiny

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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www.healthcareimprovementscotland.org

Contents

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')
- 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.

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 the requirements of the Act, we have 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 patients 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. 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

2 Summary of inspection

The Scottish Epilepsy Centre is the only residential assessment and treatment centre in Scotland for adults with epilepsy. The centre has 10 residential assessment beds. People who use the service can stay in the centre for between 2–49 days. The average length of stay for people who use this service is 25 days. Approximately, 54,000 people in Scotland have been diagnosed with epilepsy.

The centre has recently started to develop a sleep disorder assessment service. People who come to the centre to participate in sleep studies may not have epilepsy or epilepsy associated conditions.

There is a specialist team of staff who work in the Scottish Epilepsy Centre. The team consists of:

- consultant neurologist
- consultant neurophysiologist
- consultant neuropsychologist
- epilepsy specialist nurse, and
- 24-hour skilled nursing and support team.

The service is located in the semi-rural setting of Bridge of Weir.

We carried out an unannounced inspection to the Scottish Epilepsy Centre on Wednesday 20 February 2013.

One inspector visited the **Scottish Epilepsy Centre** service with support from a project officer (see Appendix 4).

We assessed the service against four quality themes related to the National Care Standards. Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 17):

Quality Theme 0 – Quality of information: 5 - Very good
Quality Theme 1 – Quality of care and support: 5 - Very good
Quality Theme 3 – Quality of staffing: 5 - Very good
Quality Theme 4 – Quality of management and leadership: 5 - Very good

We note that the Scottish Epilepsy Centre is moving to new premises in April 2013. For that reason, we did not inspect against Quality Theme 2 – Quality of environment.

The new purpose-built Scottish Epilepsy Centre will be located close to the Institute of Neurology at Glasgow's Southern General Hospital. The new centre will have 12 residential assessment beds and have access to state of the art diagnostic and monitoring technology. There will also be a family/carer's room to allow overnight stays. More people will be able to be referred to the facility, including people with more complex forms of epilepsy and support needs.

Overall, we found evidence in the Scottish Epilepsy Centre that:

- people who use the service are encouraged to give their views and be involved in all aspects of their care while they are in the centre

- staff are motivated, engaged and appear to enjoy the work they do, supporting people who use the service, and
- there is a strong culture of staff training and development.

We found that improvements were needed in specific areas. This includes:

- updating all complaints material available to people who use the service to make sure the correct regulator, Healthcare Improvement Scotland, is referenced. This will ensure that people who use the service know who to contact when making complaints about the service.

This inspection resulted in no requirements and one recommendation (see Appendix 1).

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

3 Key findings

Quality Theme 0

Quality Statement 0.1

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

Grade awarded for this statement: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

We looked at the service's website (www.scottishepilepsycentre.org.uk). The website is easy for people to use and to find information. The website includes information for people using the service and for health professionals. The information for people using the service includes:

- the assessment process
- what happens before they arrive
- what to expect during their stay
- profiles of key staff within the service
- directions to the service, and
- contact details.

There are also two case studies on the website from people who have used the service, giving a detailed account of their stay at the centre.

The service is moving to new premises in April 2013. We saw details of the new building on the website. This includes a description of what services will be offered and a video presentation about the new building.

An information leaflet for the service is also available. This details some of the same information available on the website. Information about specific conditions and treatments is also available, such as leaflets explaining about electroencephalogram (EEG) tests (which record the electrical activity in the brain).

The epilepsy nurse specialist sees all patients for an outpatient appointment before they are admitted to the centre. At this meeting, they will agree with the patient their individual treatment plan. This is to make sure that the patient understands the reason for their admission and what the centre is hoping to help them achieve in terms of patient outcomes. Consent is also obtained from the patient about the sound and visual recording that will take place during their admission to the centre. People who use the service are also offered the opportunity to visit the service for a tour before they are admitted.

We were told that people who use the service are being provided with information about the move to the new premises. The service provided evidence of how they have made sure that issues identified as important by people who use the service have been addressed in the new premises. People who use the service are also being offered the choice of being admitted to the centre now or to wait until the service has moved to Glasgow.

We saw an example of the patient information booklet which is kept in each bedroom. The information included:

- an easy read guide to the service's participation strategy
- a list of the activities available
- information about the surrounding area
- information about meals
- visiting times, and
- details on how to request to see a specialist doctor or GP if required.

Area for improvement

Some of the information in the patient folders was not up to date. For example, there was a copy of Quarriers' annual report for 2008–2009.

- No requirements.
- No recommendations.

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: 5 - Very good

The service has developed a participation strategy in consultation with people who use the service. This details how the service will encourage people to give their views and empower them to be involved in all aspects of their care while they are in the centre. The strategy is available in an easy to understand format, with a full version also available.

We saw evidence that the service listens to the people who use the service and values their participation. There are several ways for people to make comments about the service. These include:

- patient meetings
- 'Have Your Say' cards
- patient satisfaction questionnaires
- complaints procedure, and
- weekly meetings with nursing staff.

We saw evidence of regular patient meetings, which are leading to changes in service provision. These are held approximately once a month. At each meeting, people who use the service are asked if they feel involved in their care and if they have any suggestions on how this can be improved. Examples are given at each meeting to show what has changed through issues being raised at the patient meetings, for example changes to the menus and social activities. These meetings are also attended by the service co-ordinator/manager and deputy manager. This means that any issues identified by the patients can be shared with the wider staff team.

We were told that the 'Have Your Say' cards allow people to give their views on the service, whether this was something that was good about the service or something that they were unhappy with. We were told this was useful for getting feedback from people who use the service who had concerns about their care, but did not want to make a formal complaint.

We were told that the service generally scores highly across the patient satisfaction survey. We were told that one element which had scored less well was people feeling involved in decisions about their medication. As a result, this has become a standard item to be discussed at the weekly named nurse meetings held with individual patients. We were told that the patient satisfaction survey is being reviewed to further develop the participation elements contained within the questionnaire.

Although there have been very few complaints made to the service, we saw evidence of complaints followed through and resolved, with feedback given to the people who had made the complaints. We were told that the complaints process is referred to at each patient meeting to make sure that people know how to raise any comments or concerns they may have.

Weekly named nurse meetings are held with people who use the service to discuss their care. There is also a nurse contact sheet which means the patient can be kept informed of any changes to their treatment outwith the weekly named nurse meetings, for example a change in medication. People who use the service can also use the contact sheet to highlight any issues or concerns they have about their treatment.

We were shown a list of actions taken as a result of patient feedback. This list identified the method of patient feedback and what changes were made. Some of the changes included:

- purchase of a pool table
- purchase of a vending machine, and
- Zumba classes included in the activity schedule.

We were told that the cook meets with all people who use the service when they are admitted to the centre to discuss their dietary requirements and any likes and dislikes.

Areas for improvement

People who use the service should be made aware of the concern and complaints procedures. While we saw complaints leaflets and posters from Quarriers available at the main entrance, these had not been updated to reflect the correct regulator. Some of the documentation available made reference to the previous regulator, the Care Commission, rather than Healthcare Improvement Scotland. Additionally, we found copies of the Care Commission's complaints procedure available rather than Healthcare Improvement Scotland's complaints procedure (see recommendation a).

While we saw that patient meetings took place, we found gaps in how often the patient meetings are held. We also found the minutes difficult to follow. For example, it was difficult to identify what subsequent actions were taken as a result of any issues or concerns raised at these meetings as this was not recorded in the minutes.

- No requirements.

Recommendation a

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

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

All patients admitted to the centre are temporarily registered with a local GP practice due to the length of time they will be staying at the centre.

During the inspection, we looked at 10 medicine prescription sheets. All were completed correctly. The prescription sheets included the person's name, date of birth and any allergies. All prescriptions were legible and had been signed and dated by the prescribing doctor. The prescriptions also clearly identified the dose, frequency and the method by which the medicine should be administered, for example by mouth or injection. We also checked that the corresponding medication recording charts were completed correctly.

A comprehensive procedure is in place which should be followed in the event of a medication error, such as failing to give a patient their medication. All staff we spoke with were aware of this procedure and what they should do if an error occurs. This includes reporting any medication errors to senior management and seeking medical advice.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. We reviewed the controlled drugs log book to check that this had been completed correctly. We noted that the controlled drug stock levels are checked between every shift. The nurse leaving shift and the nurse coming on shift check the controlled drugs together and sign to confirm that the stock levels are correct.

We saw that a medication audit is carried out every 3 months. This includes auditing that:

- prescription sheets have all patient identifiable information completed
- the dose of medication is clearly written
- medication recording sheets are completed correctly
- medication bottles are labelled correctly, and
- all controlled drugs administered are documented correctly.

However, we noted that the medication audit had not been fully completed or carried out recently. We understand that one person had been responsible for the audit, but had been on long term sickness absence. As a result, the service has recognised that more nursing staff should be involved in carrying out these audits.

The epilepsy nurse specialist is a nurse prescriber. She checks all patient prescriptions as part of her daily check of patients. This includes checking if the patient has been prescribed any medication by a GP for a condition not related to their specialist care. This is to make sure that any new medication will not interact with the patient's current specialist medication.

Area for improvement

We were told that the service has recently introduced a medicines reconciliation form as part of the admission process. This checks any medications a patient takes at home such as name, dosage, frequency and how the medicine should be administered. This is to make sure that any discrepancies are identified and changes to medication are documented. This is good practice and results in a complete and accurate list of medications. We will review progress with this new medicines reconciliation form at future inspections.

- No requirements.
- No recommendations.

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: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

We saw evidence of people who use the service being asked what skills and attributes are important to them in the people who will be caring for and treating them while they stay at the centre.

- No requirements.
- No recommendations.

Quality Statement 3.3

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

Grade awarded for this statement: 5 - Very good

Staff we spoke with during our inspection were motivated and engaged, and told us that they enjoy the work they do. They spoke positively about the people who use the service and how they can help to make a difference for them.

We looked at, and spoke with staff about, the service's induction programme. The content of the induction programme has been changed following feedback from a recent staff survey. The induction programme includes training on health and safety, fire training, moving and handling and standard infection control precautions. There is a separate induction programme for relief staff. The staff induction booklet identifies six elements of mandatory training which should be carried out during the staff probationary period and a further two elements that should be completed in the first year.

Staff told us about the online training system which includes the mandatory training elements they must complete. Staff told us of training opportunities provided to them and that they were encouraged to attend other training courses relevant to their role. We were told that staff rotas would be changed to make sure staff had time to attend training courses. This included one nurse being able to attend a recent 4-day course on acquired brain injury. One member of staff is about to start a diploma in epilepsy with the support of the service.

Some staff within the service have been supported to become trainers. They deliver sessions on epilepsy both within the service and to external organisations across Scotland and Ireland.

We saw that checks are carried out by the service every 3 months to make sure that their staff remain registered with their professional body.

The service is currently involved in a 3-year research project looking at the quality of long term outcomes for people who have used the service. This project was at the data collection stage at the time of our inspection. Results from this project will feed into the West of Scotland neuroscience group.

All the staff we spoke with told us that they are supervised regularly within the service. This involves a one-to-one meeting with their supervisor every 6–8 weeks. All staff we spoke with said that they found this a useful way to look at their practice and identify ways in which they could develop further.

Area for improvement

The service has recently changed its supervision structure as it had recognised that not all staff were being supervised. Staff have now been identified who will be responsible for the supervision of key staff groups including the management team, senior nurses, the wider nursing team and the administrative, catering and domestic services staff. Initial feedback from staff is that this is making it easier to carry out formal supervision within the service. We will review progress with this new supervision structure at future inspections.

- No requirements.

- No recommendations.

Quality Theme 4

Quality Statement 4.1

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

Grade awarded for this statement: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service's clinical governance system includes six key elements. These cover:

- improvement reports (reporting incidents and near misses)
- information governance (ensuring information is managed safely)
- clinical governance reports
- financial governance
- risk assessment, and
- participation.

The clinical governance committee meets every 3 months. Membership includes representation from both the management and clinical teams. Clinical governance reports are submitted to the committee to review and identify actions to be taken. The minutes from the clinical governance committee then act as an action plan for the service. They record what actions have been taken since the last meeting, what actions need to be put in place and who is responsible for carrying these out.

An annual report from the clinical governance committee is submitted to Quarriers' audit committee. We saw that there is two-way reporting between the service and the provider. We were given a recent example where the provider had identified that staff appraisal targets were not being met across other services which it is responsible for. All services, including the Scottish Epilepsy Centre, are now providing fortnightly updates on their own progress with staff appraisals.

Various audits, such as medication audits, care planning audits and policy audits take place. Staff told us that they are encouraged to take part in audit activity and could describe how audit results are reported to management staff. Staff also said that they are kept aware of outcomes from other audits they are not directly involved in.

We reviewed the service's development plan for 2012–2013. We noted that actions identified through participation and the staff survey for 2011 had been incorporated into the development plan.

We were told that the service is developing an evaluation audit tool. This will look at key outcome measures such as diagnosis, medication and seizure activity to evaluate the service

provided. This will allow the service to assure itself that it is achieving the outcomes set out and agreed with each patient.

We looked at reports presented at the last three clinical governance committee meetings. We saw that the majority of issues identified in the reports were reviewed and actions taken. We noted a small number of issues where we could not determine what action had been taken. For example, the August 2012 clinical governance report identifies that three local policies had been identified as needing reviewed and updated. This was not reflected as an action in the minutes of the meeting and was not captured in the clinical governance report for the next meeting in November 2012. We found that the three local policies identified had still not been reviewed, for example the adult support and protection interagency guidelines.

Area for improvement

We were told that a new system for recording actions to be taken following clinical governance committee meetings was being developed. This will detail actions to be taken, timescales and who will be responsible. We saw an example of the new documentation and were told that this will be approved at the next clinical governance committee and then implemented. We will review progress with this new system for recording actions following clinical governance meetings at future inspections.

- 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.

Quality Statement 1.1
Requirements
None
Recommendations **We recommend that the provider should:**
a review and update all complaints material available to people who use the service to make sure the correct regulator is referenced. This will ensure that people who use the service are aware that they can make any complaints about the service to Healthcare Improvement Scotland (see page 11).

Appendix 2 – Inspection process

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 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 patients. 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:

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 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 patient care.

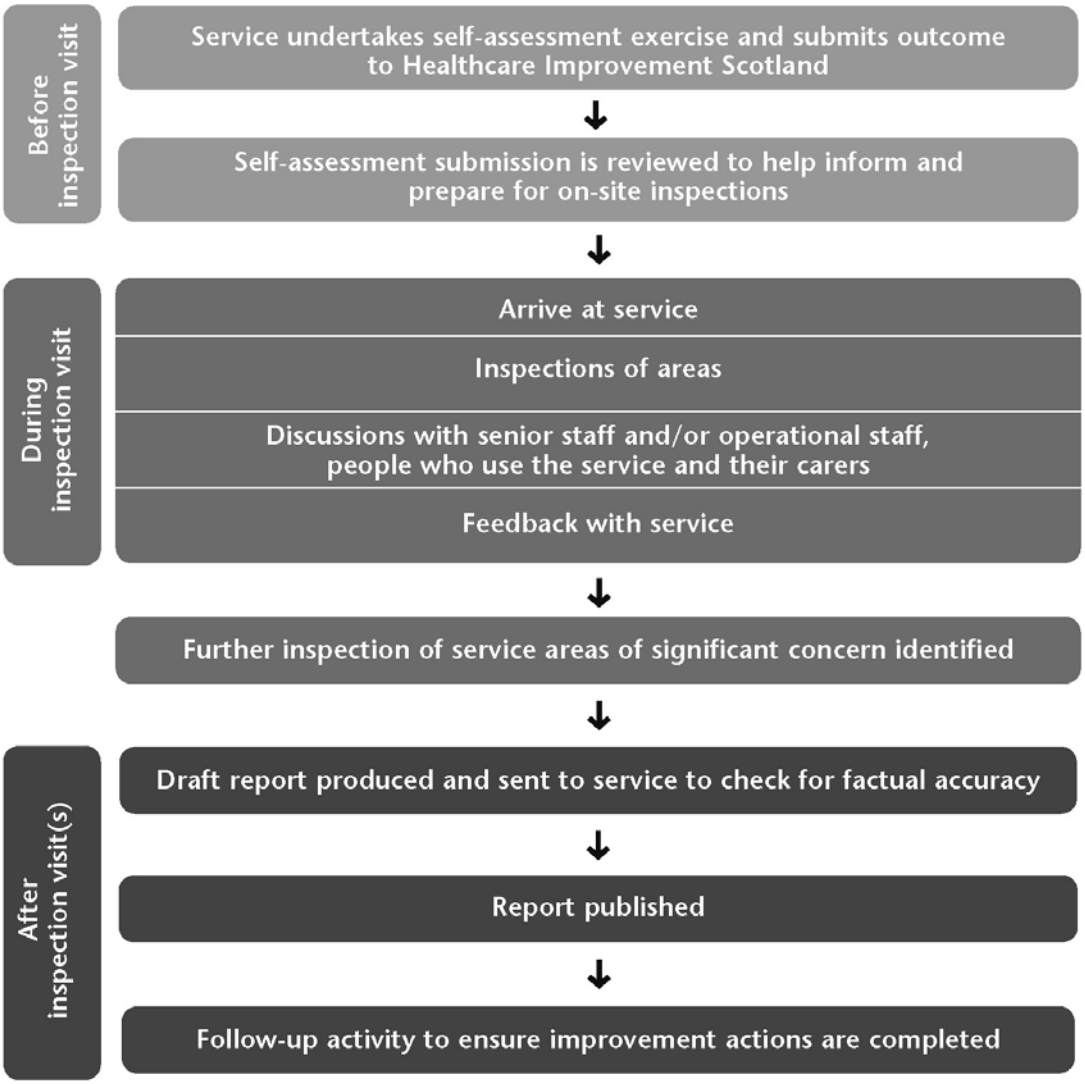
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- 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.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:
http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to the **Scottish Epilepsy Centre** was conducted on **Wednesday 20 February 2013**.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Observed by:

Aidan McCrory
Associate Inspector

Supported by:

Jan Nicolson
Project Officer

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

We can also provide this information:

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

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