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1 A summary of our inspection

About the service we inspected

Monroe House is an independent hospital which provides assessment and interventions for adults who have a learning disability and complex needs, including people with mental health problems and challenging behaviour. Monroe House is situated in the Ardler area of Dundee.

Monroe House is currently registered for 14 adults and has two distinct units. ‘Etive’ provides intensive support through admission and treatment. ‘Anoach’ provides support for patients moving towards supported living. The building is over two floors and plans are currently underway to reconfigure the building into two distinct services. The top floor will remain registered as an independent hospital and will accommodate 10 patients in seven bedrooms with ensuite provision and three self-contained flats for patients identified as requiring enhance support and observations. The ground floor will become a care home for adults with a learning disability and this will be registered with the Care Inspectorate.

At present there is agreement in place between Healthcare Improvement Scotland and Monroe House to cease further admissions. This will allow the service to carry out the proposed reconfiguration with the minimum amount of disruption to patients. A separate adjacent day facility, ‘Corbett Lodge’, is for people who stay in Monroe House and is also used for meetings and activities. There are gardens to the rear of this facility for patients to enjoy.

About our inspection

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

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an announced inspection to Monroe House on 3 - 4 May 2016.

The inspection team was made up of two inspectors, Roy Young (Lead Inspector), Karen Malloch (Inspector) and Gerry McKay (public partner). A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against ten quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

**Quality Theme 0 – Quality of information:** 4 - Good
**Quality Theme 1 – Quality of care and support:** 4 - Good
**Quality Theme 2 – Quality of environment:** 4 - Good
**Quality Theme 3 – Quality of staffing:** 4 - Good
**Quality Theme 4 – Quality of management and leadership:** 4 - Good
The grading history for Monroe House and more information about grading can be found on our website.

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

What the service did well
- The service had a new management team in place and providing consistent leadership. A positive staff culture was developing.
- We saw robust reporting structures emerging and swift action when risks to patients were identified or reported.
- We saw a high level of investment by the provider and Monroe House to establish a safe service that gave patients an opportunity to progress from Monroe House to the community.
- Monroe House was promoting patient involvement opportunities through group advocacy initiatives.

What the service could do better
- Monroe House had a programme for staff supervision and appraisal. However, as this had recently been established, management staff must ensure robust systems are in place to monitor staff performance.
- The service had focused on ensuring staff received appropriate training in adult support and protection and positive behaviour support. However, this meant other training had been affected and the mandatory training programme has not been delivered as planned. Staff must receive training in line with the service’s programme in areas relevant to their role.
- The service should also improve the systems in place to monitor medication administration and put appropriate audit processes in place.

This inspection resulted in two requirements and 13 recommendations. The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

Oakview Estates Limited, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

We would like to thank all staff at Monroe House for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 17 and 18 June 2015 and from the complaint investigation carried out on 22 February 2016.

Requirement

The provider must carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service.

Action taken

This requirement is reported under Quality Statement 2.2. This requirement is partially met (see requirement 1).

Requirement

The provider must make proper provision for the health, welfare and safety of service users. The provider must ensure that there is effective team-working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals.

Action taken

Monroe House has introduced a transfer discharge checklist to ensure all patient information is passed on when transferring from one provider service to another. Weekly multidisciplinary meetings are held, the whole team discuss patients and care is planned jointly. All senior staff on duty attend a daily meeting. We were told that communication between staff in the service is effective. The requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 17 and 18 June 2015.

Recommendation

Monroe House should ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material.

Action taken

This recommendation is reported under Quality Statement 0.2. This recommendation is partially met.

Recommendation

We recommend that the service should assess each service user and identify the best method for gaining feedback from each individual on all of the quality themes.

Action taken

This recommendation is reported under Quality Statement 1.1. This recommendation is met.
Recommendation

We recommend the service should ensure all patients have independent representation or the chance to express their views so they can effectively input into the Care Programme Approach meetings.

Action taken
This recommendation is reported under Quality Statement 0.3. This recommendation is met.

Recommendation

We recommend that the service should ensure that regular audit of medication documentation is carried out, in line with the planned schedule and used to identify and action areas for improvement.

Action taken
This recommendation is reported under Quality Statement 4.4. This recommendation is not met.

Recommendation

We recommend the service should put systems in place to ensure medication reconciliation processes are established, including developing policies, procedures and staff education.

Action taken
This recommendation is reported under Quality Statement 4.4. This recommendation is not met.

Recommendation

We recommend the service should review current staff smoking arrangements to minimise impact on patient areas.

Action taken
The service now had separate staff and patient smoking areas. This recommendation is met.

Recommendation

We recommend the service should carry out a staff survey to allow them to engage with staff regarding any issues that are concerning them. The outcomes from the staff survey should be addressed through staff supervision to allow staff to discuss issues that are affecting morale.

This was previously identified as a recommendation in the August 2014 report for Monroe House.
Action taken
A staff survey was carried out in 2016. An action plan has been developed. **This recommendation is met.**

Recommendation
*We recommend the service should ensure care plans are reviewed on a regular basis.*

This was previously identified as a recommendation in the August 2014 inspection report for Monroe House.

Action taken
The service has a process in place to ensure care plans are reviewed regularly. This includes discussion at the multidisciplinary meeting and a record-keeping audit. **This recommendation is met.**
3  What we found during this inspection

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: 4 - Good
The service provided information to patients, their families and referring agencies in a variety of ways. The service has a web site which we found was easy to use and provided relevant information about who the service provided care for and how to contact the service.

The provider had produced information brochures about Monroe House, including:

- an easy-read publication for patients using pictorial symbols
- a guide to the service, and
- information for family and carers.

These could also be downloaded from the Monroe House website. The site also had links to the service’s latest Healthcare Improvement Scotland inspection report, where prospective patients and families could find out how the service is performing.

During the assessment process, staff from Monroe House could visit the prospective patients and their families. Patients can also visit before admission.

Area for improvement
Monroe House planned to revise information available to patients as its services were being reconfigured (see recommendation a).

■ No requirements

Recommendation a
■ We recommend that the service should ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material.

Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good
We looked at eight patient care records. We observed that most of the patients in Monroe House had limited capacity to make decisions about their care.
We found that patients assessed as lacking capacity under the Adults with Incapacity (Scotland) Act 2000 had a specific care plan. These care plans were tailored to meet their needs and considered the patients’ ability to make decisions.

We saw strong evidence that the service considered patient preferences in areas where informed consent could not be given, through multidisciplinary team meetings and its care programme approach. The service provided evidence of advocacy involvement when auditing the care programme approach.

The service kept a record of all treatment and legislative orders. All expiry dates were recorded and dealt with in a timely manner.

Posters throughout the service advertised advocacy services. One-to-one and group advocacy were available.

Overall, we found that Monroe House showed strong awareness of when consent was compromised as part of an illness. Steps were taken to make sure patients could have as much personal choice as possible in the service.

**Area for improvement**

We observed that only one patient’s care plan had family involvement. Although we saw family and advocacy involvement, this was not always recorded (see recommendation b).

- No requirements

**Recommendation b**

- We recommend that the service should ensure that all care plans show patients and families where appropriate are actively involved in the plan.

**Quality Theme 1 – Quality of care and support**

**Quality Statement 1.1**

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

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

Monroe House demonstrated a clear commitment in maximising opportunities for patients and carers to participate in all aspects of their care. The patients often had complex communication issues and required additional support to tell staff how they felt and what their wishes were. The service provided easy-read information with pictorial images as a visual aid to enhance patients’ understanding of written information. We saw that patients were supported to attend meetings about their care, choose who they wanted to attend with them and say what was going well or not well for them.

Patients were provided with simple information about how to complain. Complaint records we looked at showed that management staff dealt with complaints properly. The service used other tools such as talking mats, a symbol-based communication tool, to enhance patients’ communication abilities. We saw photographic images used to show patients menu choices. Staff were able to use Makaton sign language with patients.
We attended a monthly service user meeting. We saw positive interactions and consultation with patients on various areas such as menu planning, activities and discussing changes to the service. For example, patients will vote to decide the planned new name for the service soon.

A regional service user forum called ‘Listen-up Danshell’ was held every 3 months. The provider had held an in-house election campaign with patients in all four of its services in Scotland. A chairperson and two vice-chair people had been appointed, one vice-chairperson was from Monroe House. This was a very good initiative and patients were very positive about the benefits of being involved in this forum and having their say.

Staff completed observational questionnaires with patients and we saw that these showed positive feedback.

Dundee independent advocacy service provide one-to-one advocacy for patients. Additionally, employing the services of central advocacy partnership who will assume the chairmanship of service user meetings was a very good initiative. They could also develop group advocacy and promote further participation and involvement of patients. Planned projects included reviewing information provided to patients and updating the house rules.

We observed a strong culture of respect and inclusion by staff for patients. Patients told us they enjoyed coming to the meetings and having a say in what was happening.

Areas for improvement

Monroe House was reconfiguring its services. Patients told us they were unsure where they would be going and this was causing some anxiety. Management could communicate with patients and families at an early stage to minimise distress and make sure choices were supported.

Families attending the care programme approach meetings had opportunities to complete questionnaires. However, the number of returns was poor and the management team were exploring ways to encourage more feedback.

Staff recruitment did not have patient involvement. Management staff told us they planned to re-establish patient involvement in this area (see recommendation c).

- No requirements.

Recommendation c

- We recommend that the service should explore ways to involve patients in staff recruitment and appraisal.

Quality Statement 1.3

We ensure that service user’s health and wellbeing needs are met.

Grade awarded for this statement: 4 - Good

Personal care plans for patients detailed care needs and gave staff a guide to meet them. The plans focused on core areas of physical, psychological and social care. The plans took
account of the different types of disability and diagnosis of each patient. We found the care plans were person-centred and comprehensive.

The activity co-ordinators demonstrated how each patient had an individualised social diary with social outings and activities they could do on their own. Two patients were participating in the award scheme development accreditation network. This scheme allowed people to develop independent living skills. A variety of activities were available, including furniture restoration, hydrotherapy and trampolining. The mix of patients was considered when planning group activities.

We observed positive staff interactions with the patients. In one instance, a patient had obvious mobility issues. The staff were aware of this and maintained discrete but constant observation to minimise the risk of falls but preserve the individual’s independence for as long as possible.

We noted that the use of information technology was a challenging area. There were some patients who had tablet computers. From our observations of staff and patient interactions, it was clear that the use of tablet computers was a great help in assisting communication. However, constant observation was required to prevent misuse.

There was very strong evidence showing that the financial welfare of the patients was safeguarded.

Areas for improvement

The personal care records contained a 21-point risk assessment. The records examined, evidenced that they had been filled out diligently. At times they were completed with the same triggers and interventions in place even when no risk was identified. This lessened the individuality of the care record.

We looked at the layout of patient care records and found that these were difficult to follow. Numerous entries were be made in one day and this made tracking care difficult. Staff told us that they were often unsure of where to record and file information. Staff also reported that they relied on a comprehensive handover to update them on patient progress (see recommendation d).

The conversations held with staff surrounding family, carers or advocacy support and involvement were positive. It would be of benefit if these were recorded in more detail.

- No requirements.

Recommendation d

- We recommend that the service should review the format of care records and ensure that patients’ progress can be tracked easily and that staff are aware of where information should be recorded and filed.
Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 4 - Good

Monroe House provided a service for 14 patients. All bedrooms were spacious and had an adjacent toilet and shower room. Patients were encouraged to bring personal items in to make their rooms have a homely feel.

The service was making some substantial improvements to the hospital environment. The building work will be completed in three phases to minimise disruption to patients. Phase one had been completed to a high standard. This work should be completed by the end of August 2016. We saw that there were risk assessments and arrangements in place to manage the building work safely. Staff discussed health and safety every morning at a ‘flash’ meeting.

The service had equipment in place, such as a nurse call system, personal alarms and door alarms, to promote safety. The furniture, fixtures and fittings were designed to reduce risk of anchor or ligature points.

A maintenance officer carried out basic maintenance and redecoration. We saw a planned maintenance programme in place. We saw records to show that approved contractors carry out regular servicing of equipment, such as the lift.

We spoke with cleaning staff and saw that there were detailed cleaning schedules in place. A new housekeeper had been recruited following a lengthy recruitment campaign and the individual plans to further review schedules to simplify recording requirements. We noted the service was clean and tidy.

The environment was monitored through a detailed annual audit.

Areas for improvement
The previous health and safety officer was no longer in post and no-one had been identified to take on this role. This should be progressed quickly to ensure continuity. The service could consider an appropriately trained nurse in this role to provide focus on clinical health and safety risks.

While the maintenance officer responded quickly to requests, these were verbally communicated and not reported through the maintenance book. The maintenance request book had not been filled in for several months before our inspection (see recommendation e).

Staff completed a health and safety module through e-learning. The rate of completion was 60%. Management told us that renewed focus will be on improving training completion (see recommendation f).

At the last inspection a requirement was made about upgrading the environment. This has been partially met and continues to be progressed, the requirement will remain until completion of works (see requirement 1).
Requirement 1 – Timescale: by 1 September 2016

■ The provider must carry out a programme of refurbishment throughout the service to ensure it is fit for provision.

Recommendation e

■ We recommend that the service should ensure appropriate record of maintenance requests and actions.

Recommendation f

■ We recommend the service should ensure all staff complete mandatory health and safety training in line with its own policy.

Quality Statement 2.3

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

Grade awarded for this statement: 4 - Good

The service had systems in place to maintain non-clinical equipment. Maintenance contracts were in place and current. Emergency arrangements were in place for out of hours issues. A system of regular audits was carried out to make sure equipment was operational.

Service contracts make sure that repairs to equipment can be addressed quickly. We looked at records that showed portable electrical equipment was tested yearly. Clinical equipment was checked regularly to make sure it was in working order. A review of the equipment required for the two units that will be created as part of the service redesign had begun.

Areas for improvement

We looked at records for checking the emergency equipment which includes oxygen, suction apparatus and a portable defibrillator. Records were poorly completed and no entries were recorded for April 2016 (see recommendation g).

The medication fridges should be checked daily. However, the temperatures for cleaning and defrosting schedules were not fully completed (see recommendation h).

While clinical equipment was checked to make sure it was in good working order, regular calibration was not carried out to make sure readings were accurate (see recommendation i).

■ No requirements.

Recommendation g

■ We recommend that the service should ensure that emergency equipment is checked in line with the organisational policy and that this is recorded.
Recommendation h

- We recommend that the service should ensure medication fridges are checked daily and temperatures recorded to ensure they are operating within required limits.

Recommendation i

- We recommend that the service should ensure clinical equipment, such as sphygmomanometer, electronic scales and blood glucose monitoring machines, are regularly calibrated in line with the manufacturer’s instructions.

Quality Theme 3 – Quality of staffing

Quality Statement 3.3

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

Grade awarded for this statement: 4 - Good

The service provided a comprehensive training plan for 2015. We saw this had mandatory elements and training relevant to patient needs. The training plan for 2016 showed a significant increase in training in person-centred care and the provider’s ‘positive behaviour’ approach. This is a set of behaviours and values developed by the service provider to guide staff.

Supervision and appraisal records showed a planned programme to achieve full compliance by the end of the year.

We saw that the service’s staff were professional and patient when interacting with patients who were challenging.

Staff at Monroe House were positive about receiving supervision and appraisals. Staff members told us that they could ask for specific training, especially when it related to the care needs of the patients. Staff were very positive when asked about the future of the service.

All the staff who were interviewed were aware of the National Care Standards, the Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care and Treatment) (Scotland) Act 2003. They showed good awareness of how this affected patients and their rights.

Staff’s professional registrations were done when they were recruited and then every year, and the service had systems in place to support nurse and medical revalidation.

Areas for improvement

The training plan for 2015 showed that there had been a high completion rate for activities relating to adult protection and person centred care. It also evidenced that these areas had been an area of focus. This was asked for by Healthcare Improvement Scotland previously. This has been to the detriment of some other mandatory training.
We saw a commitment from the service to make sure all staff received supervision and annual appraisal. However, the plan had only recently been put in place and this must continue to ensure staff performance is appropriately managed (see requirement 2).

Requirement 2 – Timescale: by 1 September 2016

- The provider must ensure that all training supervision and appraisals are carried out within the service’s own specified timescales.
- 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

Monroe House had worked very hard to improve the staff culture. The service recently carried out a staff survey covering all aspects of service provision and was viewed as being a comprehensive and helpful piece of work. The results showed staff had a broadly balanced view of this service. However, the management team agreed that some areas needed attention. In response to the findings, the service had developed an action plan which aimed to ‘improve the job satisfaction’ of all its staff.

The 10 members of staff we spoke with during our inspection were positive about the culture and changes taking place in the service. Staff also told us that atmosphere was more positive and leadership was more visible. They reported that there had been a high turnover of managers in recent years but that confidence in the new management team was growing.

All staff complete Maybo training. Maybo is a system of interventions designed to reduce the amount of physical restraints carried out. It teaches staff to recognise the signs of patients becoming angry or frustrated and teaches them how to de-escalate the situation. Staff reported that this has helped the patients maintain their dignity. Some staff reported that this may help alleviate some of the serious incidents which have occurred within the service.

Staff also said they felt the proposed service redesign would benefit patients by providing a more appropriate environment for the differing needs of patients moving through the service.

We observed staff working with the patients in a respectful, understanding and compassionate manner. We saw patients’ personal wishes and preferences were followed.

Staff we spoke with confirmed they had received education in working with vulnerable adults and were able to tell us what actions they would take if they had concerns. Recent records showed that where concerns have been raised action is taken promptly by management. We saw systems in place to support and encourage staff to whistle blow.

**Area for improvement**

Staff we spoke to told us that they feel that communication and consultation in the service could be improved. This was similar to the findings of the staff survey. The issues that staff raised were covered in the staff meeting held on one of the days during our inspection.
Monroe House had developed an action plan to address these concerns. This will be followed up at the next inspection (see recommendation j).

We spoke with staff who told us that they believed that patients have good care outcomes and that poor staff practice is not tolerated. However, Monroe House has reported serious incidents in the past two years concerning staff conduct.

- No requirements.

Recommendation j
- We recommend that the service should ensure that they continue to follow up the actions satisfaction survey plan developed from the staff satisfaction survey.

Quality Theme 4 – Quality of management and leadership

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

Grade awarded for this statement: 4 - Good
The service has suffered a long period of instability, with several managers in the past few years. However, the current manager had been in post for nearly a year. Staff from different disciplines told us they felt the new manager has provided positive leadership and a clear direction of where the service was developing. Staff were aware of who they reported to and their roles and responsibilities in the service.

Staff had the opportunity to complete leadership training. Staff we spoke with who had completed this found it useful and relevant to their development and role.

The service had reviewed its staffing structure. Changes included senior support workers, senior charge nurses and depute managers. Staff told us this had improved direction and communication and provided a pathway for staff to progress through the service.

A programme was in place to support staff through the Scottish Vocational Qualifications Framework. A preceptorship programme was in place to support newly qualified nurses to develop their skills and confidence in their role. This is a programme of support and guidance regarded as best practice by the Nursing and Midwifery Council, the body which regulates nurses.

An additional resource for staff was the consultant nurse who monitored clinical care through audits and accident, incident review as well as providing training.

Area for improvement
The service redesign programme had an impact on staff morale. While staff believed the planned changes were in the patients’ best interests, they voiced concerns about where in the two services staff would be placed. During our inspection, a meeting was held to discuss this with staff (see recommendation k).
No requirements.

**Recommendation k**

- The service should identify staff to lead in focus areas in the development two services to promote staff inclusion in the process for example décor and medication management.

**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: 4 - Good**

The service had not submitted a self-assessment prior to inspection due to issues with Healthcare Improvement Scotland’s electronic submission system. This self-assessment is completed by the service each year and provides a measure of how the service has assessed themselves against the quality themes and national care standards.

The provider used a number of ways to measure how the service was performing. We saw an annual audit programme was in place and this monitored most aspects of the service including clinical records, environment, and the activity programme.

Accidents and incidents were reported and we saw that the service and senior management staff reviewed this information. Plans developed when where trends were identified. For example, staff training and supervision needs were reviewed in response to repeated incidents.

Service users were involved in assessing the quality of care through the service user meetings, and families through the care programme approach meetings and multidisciplinary meetings. Independent and group advocacy on site encouraged patients and their families to have a say in the direction and quality of the service.

We saw that the service sought feedback from referring agents such as social work and that feedback was generally positive.

A local and corporate governance team oversaw quality assurance of the service. The service provided monthly reports on areas such as staffing, training, audits and surveys. Where the service was not performing well, an action plan was submitted to improve results. Serious incidents were dealt with swiftly and thorough investigations were carried out to determine where systems had broken down. Lessons learned from incidents were shared across all staff groups and the provider through the governance meetings. Staff and patients were supported through a debrief process.

We saw a strong culture to improve the service and the outcomes for patients. The planned reconfiguration of Monroe House will provide a clear pathway of care, and a more comfortable environment for patients with different abilities and challenges.

**Area for improvement**

The management team was very new and needed time to consolidate. While staff reported positively on the new management, they were nervous that the current senior team may not
be sustained and key personnel may leave as has been the recent pattern. The management team told us that they were working hard to overcome trust issues and establish a consistent management in the service.

We made two recommendations at the previous inspection around how the service ensures medication is well managed by staff. One recommendation was to establish a regular audit of medication documentation to identify and action areas for improvement. We found that while an annual audit is carried out by the contracted pharmacist there was no regular audit to ensure the quality of medication records (see recommendation I).

We also recommended that reconciliation of medication be included in the medication policy to guide staff and that staff education is carried out. We found that the medication policy included a brief mention of reconciliation. However, this was not in line with the Chief Medical Officer (CMO) (2013)18 guidance. Staff were not familiar with best practice in confirming patients’ medication on admission (see recommendation m).

- No requirements.

**Recommendation I**

- We recommend that the service should ensure that regular audit of medication documentation is carried out, in line with the planned schedule and used to identify and action areas for improvement.

**Recommendation m**

- We recommend the service should ensure that the medication policy is amended to reflect best practice in medication reconciliation and that staff receive education.
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.

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### Quality Statement 0.2

**Requirements**

None

**Recommendation**

We recommend that the service should:

- **a** ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material (see page 9).

  National Care Standards – Independent Hospitals (Standard 9.2 – Expressing your views)

### Quality Statement 0.3

**Requirements**

None

**Recommendation**

We recommend that the service should:

- **b** ensure that all care plans show that patients and families are actively involved (see page 10).

  National Care Standards – Independent Hospitals (Standard 9.2 – Expressing your views)
### Quality Statement 1.1

**Requirements**

None

**Recommendation**

We recommend that the service should:

- c explore ways to involve patients in staff recruitment and appraisal (see page 11).

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

### Quality Statement 1.3

**Requirements**

None

**Recommendation**

We recommend that the service should:

- d review the format of care records, and ensure that patients' progress is easily trackable and that staff are aware of where information should be recorded and filed (see page 12).

National Care Standards – Independent Hospitals (Standard 14.2 – Information held about you)

### Quality Statement 2.2

**Requirement**

The provider must:

1. carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service (see page 14).

Revised timescale – by 1 December 2015

*SSI 2011 No. 182 – Regulation 10(2)(b) – The Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services Regulations 2011)*

National Care Standards – Independent Hospitals (Standard 15 – Your environment)

This was previously identified as a requirement in our inspection on 18 and 19 June 2015.
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<td><strong>Recommendations</strong></td>
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<td>We recommend that the service should:</td>
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<td><strong>e</strong> ensure appropriate record of maintenance requests and actions (see page 14).</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)</td>
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<td><strong>f</strong> ensure all staff complete mandatory health and safety training in line with its own policy (see page 14).</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)</td>
</tr>
<tr>
<td><strong>h</strong> ensure that medication fridges are checked daily and temperatures recorded to ensure they are operating within required limits (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)</td>
</tr>
<tr>
<td><strong>i</strong> ensure that clinical equipment such as sphygmomanometer, electronic scales and blood glucose monitoring machines are calibrated in line with the manufacturer’s instructions (see page 15).</td>
</tr>
<tr>
<td>National Care Standards – Independent Hospitals (Standard 15.3 – Your environment)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td><strong>2</strong> ensure that all training supervision and appraisals are carried out within their own specified timescales (see page 16).</td>
</tr>
</tbody>
</table>

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 12 (c) (ii)*
<table>
<thead>
<tr>
<th>Quality Statement 3.3 (continued)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Statement 3.4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>None</td>
</tr>
</tbody>
</table>

**Recommendation**

**We recommend that the service should:**

j ensure that they continue to follow up the actions satisfaction survey plan developed from the staff satisfaction survey (see page 17).

National Care Standards – Independent Hospitals (Standard 10.13 – Staff)

<table>
<thead>
<tr>
<th>Quality Statement 4.3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>None</td>
</tr>
</tbody>
</table>

**Recommendations**

**We recommend that the service should:**

k identify staff to lead in focus areas in the development of the two services to promote staff inclusion in the process for example décor and medication management (see page 18).

National Care Standards – Independent Hospitals (Standard 10 – Staff).

<table>
<thead>
<tr>
<th>Quality Statement 4.4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements</td>
<td>None</td>
</tr>
</tbody>
</table>

**Recommendations**

**We recommend that the service should:**

l ensure that regular audit of medication documentation is carried out, in line with the planned schedule and used to identify and action areas for improvement (see page 19).

National Care Standards – Independent Hospitals (Standard 20 – Medicines management)
ensure that the medication policy is amended to reflect best practice in medication reconciliation and that staff receive education (see page 19).

National Care Standards – Independent Hospitals (Standard 20 - Medicines management)

**Requirement carried forward from our 18 and 19 June 2015 inspection**

<table>
<thead>
<tr>
<th>The provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td>carry out a programme of refurbishment throughout the service to ensure it is fit for the provision of an independent healthcare service (see page 15).</td>
</tr>
<tr>
<td>Revised timescale: by 1 December 2015</td>
</tr>
<tr>
<td>SSI 2011 No. 182 Regulation 10 (2) (b) – The Healthcare Improvement Scotland Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td>Revised timescale: September 2016</td>
</tr>
</tbody>
</table>

**Recommendation carried forward from our 18 and 19 June 2015 inspection**

<table>
<thead>
<tr>
<th>We recommend that the service should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ensure that Healthcare Improvement Scotland is clearly referenced as the regulator for this service in the complaints material (see page 10).</td>
</tr>
</tbody>
</table>

National Care Standards - Independent Hospitals (Standard 9.2 – Expressing your views)
Appendix 2 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net
Appendix 3 – 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 5.

**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:

- 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 4 – Inspection process flow chart

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

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 explanation**

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>provider</strong></td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<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.