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www.healthcareimprovementscotland.org
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1 A summary of our inspection

About the service we inspected

Surehaven - Glasgow is an independent psychiatric hospital and is a subsidiary of the Shaw Healthcare group.

The hospital provides a low secure environment specialising in holistic assessment, treatment and rehabilitation for males and females aged 16 to 65 who experience mental ill health, personality disorder, mild learning disability and brain injury. The hospital is registered to accept patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The hospital is purpose built over two levels and currently provides accommodation for a maximum of 17 patients. A new four-bedroom extension has recently been completed and is due to open shortly. This will increase the occupancy to a maximum of 21. All the bedrooms are single with en-suite facilities. The hospital has two wards, one ward accommodates up to nine males and the other ward accommodates up to eight females. Each ward has:

- a lounge
- a quiet room
- a main bathroom
- an activities room
- a dining room, and
- a therapy kitchen which patients can use to develop domestic skills as part of their individual care and treatment plans.

The hospital also has consulting rooms and a gym to encourage health and wellbeing. Each ward has a separate enclosed garden area and there is an external courtyard for visitors.

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 unannounced inspection to Surehaven - Glasgow on Wednesday 15 and Thursday 16 October 2014.

The inspection team was made up of two inspectors: Karen Malloch and Sarah Gill.

We assessed the service against four 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:** 5 - Very good
**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:** 6 - Excellent
**Quality Theme 4 – Quality of management and leadership:** Not assessed

The grading history for Surehaven - Glasgow can be found in Appendix 2 and more information about grading can be found in Appendix 4.

Before the inspection, we reviewed information about the service. We considered:

- the annual return
- the self-assessment
- any notifications of significant events, and
- the previous inspection report of 18 and 21 October 2013.

During the inspection, we gathered information from a variety of sources. This included:

- four patient care records
- policies and procedures
- minutes of meetings
- information leaflets about the services provided
- viewing the website
- accident and incident records
- audits, surveys and questionnaires
- medication records
- maintenance records, and
- cleaning schedules.

We spoke with a number of people during the inspection, including:

- six patients
- one relative
- the registered manager
- depute managers
- charge nurses
- registered nurses
- four healthcare assistants
- administration/reception staff
- activities co-ordinator
- domestic staff and cook
- maintenance staff
- a pharmacist, and
• the senior administrator.

We inspected the following areas:

• three bedrooms
• toilets and bathrooms
• activity areas
• external garden areas
• medication storage areas
• domestic stores, and
• the new four-bedroom extension.

**What the service does well**
We noted areas where the service was performing well.

• There is a motivated and enthusiastic team of staff who have appropriate skills and training.
• Patients are supported to be involved safely in day-to-day activities in the community.
• The service ensures that people who use the service are fully involved in their care.

**What the service could do better**
We did find that improvement is needed in the following areas.

• Some areas of the environment could be improved.
• Some areas of medication management could be strengthened.
• The service could provide more information on some aspects before patients are admitted.

This inspection resulted in no requirements and five recommendations. See Appendix 1 for a full list of recommendations.

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

What the service has done to meet the recommendations we made at our last inspection on 18 and 21 October 2014

Recommendation

*We recommend that Surehaven - Glasgow ensures that people’s views about their care are included in their care programme approach meetings. The minutes of the meeting should reflect this involvement.*

Action taken

We found that patients were invited to take part in their care programme approach meetings and if they declined then this was recorded, and their views were discussed at the meeting. 
This recommendation is met.

Recommendation

*We recommend that Surehaven - Glasgow ensure that the minutes for all meetings are reviewed to make clear when any actions are identified and who is responsible for taking the actions.*

Action taken

We looked at minutes for meetings and saw that the identified actions had been recorded. 
This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

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

Patients had been involved in the recent review of the ‘patient handbook’. This handbook included quotes from patients about the service to help other patients know more about the service and what to expect.

A questionnaire was used to gather feedback from patients. This asked some specific questions about the quality of information, including the following.

- ‘Have you been given information about rules and policies?’
- ‘Have the staff given information on your rights as a patient?’
- ‘Have staff explained things in a way that you understand?’
- ‘Are you involved in decisions about care?’

Patients were able to give feedback on any aspect of the service in other ways, including:

- weekly community meetings
- one-to-one reviews
- support to use advocacy services
- a suggestion box, and
- complaints procedures.

We saw that posters were used to display ‘You said, we did’ responses. These showed patient suggestions and actions the service took as a result.

The minutes of the community meetings also gave a response to any suggestions made in the previous week’s meeting.

Areas for improvement

The patient questionnaire is used to gather feedback on the quality of information. However, the questions could be made more specific about what type of information is being referred to, for example, written, verbal or the website. As many patients were reluctant to engage with written formats, consideration on widening the methods of gathering feedback could be beneficial.

The ‘You said, we did’ posters were due to be updated and the service was planning to do this.

- No requirements.
- No recommendations.
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

Patients were given a patient booklet and fold-out leaflet called ‘Surehaven Glasgow’ before they are admitted. These leaflets provided information about the hospital services including the:

- environment
- referral process
- aims of the service
- therapies and activities
- staff, and
- description of concept of ‘recovery focused’ approach (the concept of recovery is about staying in control of their life despite experiencing a mental health problem).

Information about the service was also available on the website.

Pre-admission visits were used to help assess the patient’s suitability for Surehaven and answer questions about the service. Trial admissions for 2–3 days were also made available to patients and referrers to help them decide if Surehaven was the right service.

A checklist was used to make sure a range of subjects were explained to patients when admitted. Noticeboards were also used to display information for patients.

Every 3 months, the hospital produced a newsletter with the help of patients.

Translation services were used recently for a patient whose first language was not English.

Patient feedback about the quality of information was very positive, with five out of six patients stating that they had received sufficient information.

Areas for improvement

The written information provided could be reviewed to include what the patient should bring and financial arrangements for patients (benefits and allowances).

Although the ‘house rules’ were explained to the patients on admission, it would be beneficial to include these in any pre-admission information, for example the smoking arrangements, the list of contraband items and mobile phone use. Contraband items are banned items that could present a risk to a patient or others (see recommendation a).

The website could be developed further to be more focused on providing information for patients. For example, the patient booklet, feedback results from the questionnaires and the newsletter could be included.

The service was considering how to provide better access to computers for patients including the use of Skype in order to keep in touch with the family.
No requirements.

Recommendation a

We recommend that the service should include more specific information for patients in written form and on the website about rights and responsibilities. This should include smoking arrangements, the list of contraband items and mobile phone use.

Quality Theme 1 – Quality of care and support

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

We saw that policies and procedures are dated and referenced to best practice and legislation, for example:

- Adults with Incapacity (Scotland) Act 2000
- National Care Standards 2005
- Mental Health (Care and Treatment) (Scotland) Act 2003, and
- Multi-Agency Public Protection Arrangements (MAPPA).

Policies and procedures were reviewed every 2 years, or sooner if guidance or legislation changes.

We found that the service use validated tools that were proven through research to assess the people who use the service, for example:

- Health of the Nation Outcome Scales (HoNOS)
- Malnutrition Universal Screening Tool (MUST)
- Glasgow Antipsychotic Side-effect Scale (GASS), and
- Short-term Assessment of Risk and Treatability (START).

We saw restraint care plans were in place and that these were individually tailored for each patient’s specific requirements. We also saw that consents were in place for treatment.

A staff training programme was in place that provided training specifically linked to the needs of the people who use the service.

Staff regularly attended forums including the forensic network and personality disorder forum. These provided information, education and a link to the network of services that provide secure care.

Staff received regular clinical supervision. Management also monitored staff performance through a yearly appraisal, where staff could identify further training requirements.
Serious incidents were followed by a debrief for staff. This was used to review what happened and to identify if anything should have been done differently.

We spoke with staff and found they had:

- good knowledge about legislation
- an awareness of good practice guidance, and
- received training relevant to their positions.

All care staff had completed the ‘new to forensics’ training programme.

We found a robust clinical governance structure in place that included an audit program that monitored many aspects of care, the environment and documentation. The results were used to identify any shortfalls and plans were made to address any gaps.

**Area for improvement**

Best practice guidance could be more accessible on the ward areas for staff to refer to and all staff should be aware of where to access this.

- 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

An overarching medication policy and additional policies for specific medication situations, such as controlled drugs and rapid tranquilisation, were available for staff to refer to. An audit had been carried out monthly between January–July 2014 to check that medication records were being kept correctly.

Care plans were in place to indicate when to use medications to calm high risk behaviours. These were used only after other de-escalation techniques had been tried. Review dates were in place to make sure these medications were only used when necessary.

Incident forms were used to document the use of calming medications given by injection. Each patient had specific documentation in place to agree the legal consent for medications to be administered.

We saw minutes of monthly meetings between the consultant psychiatrist and the pharmacist to discuss the effectiveness of medications for each patient. Medications were also reviewed weekly by the multidisciplinary team.
Areas for improvement
We found that the medication policy was not being followed in practice in all areas. For example, the policy referred to a service level agreement where the pharmacist would inspect:

- all medication storage areas
- specific storage areas, and
- refrigerated storage, including the checking of expiry dates and stock rotation.

We also found a number of medications in the medication cupboard and the medication fridge which had passed their expiry date. The pharmacist told us they were not involved in any internal audit. Staff showed us the internal medication audit and this did not include checking storage areas.

The medication policy should be reviewed to ensure accuracy of practice (see recommendation b).

There should be a regular audit of storage areas to ensure that unused medications are returned or disposed of safely (see recommendation c).

Although audits on medication records had been carried out from January– July 2014, no audits had been carried out in August–September 2014. Management has asked nurses to update their medication competency training, as errors have occurred. However, to ensure that patients received the right medication at the right time the need to monitor and check records was ongoing (see recommendation d).

No requirements.

Recommendation b
- We recommend the service should review the medication policy and practice in relation to inspection of medication storage areas and who is responsible for this.

Recommendation c
- We recommend the service should ensure storage areas are audited to ensure unused medications are returned or disposed of safely.

Recommendation d
- We recommend that recording of medication administration and medication incidents is specifically monitored to recognise trends and inform the governance of medication management.
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: 6 - Excellent
We saw that the service had a range of policies and procedures in place to manage risk, including responding to critical incidents, safeguarding and risk assessment.

We looked at four patient care records and found comprehensive risk management and risk assessments in place that assessed risk in all areas, including:

- violence
- self-harm, and
- absconding.

The service decided the level of observations required to minimise risks from the risk assessments. A list of contraband items was displayed and showed what items patients were not allowed to bring in to the service, for example:

- glass
- razors
- matches, and
- mobile phones.

Internet access is only allowed if staff assess that it is safe to use. Room searches were carried out where patients were suspected to have prohibited items.

We noted the service completed the required forms for managing leave and detention under Mental Health (Care and Treatment) (Scotland) Act 2003.

We saw that care plans were in place which detailed the management of risks, including any physical interventions required. We also saw that the care plans had been discussed with the patient. A system to report accidents and incidents was in place. We tracked four incidents through patient care records and found they had been reported, investigated and actioned. Risk assessments had been reviewed following the incidents, and where physical interventions had been used, this had been well documented. Each patient’s risk register was reviewed monthly with the care plan, and in response to incidents. Razors and cutlery were monitored and counted.

Staff we spoke with were aware of the balance of risk and supporting patients in their programme. A good example included a recent patient holiday, which was very successful. Staff carried mobile alarms linked to a pin point alarm system, and used walkie talkies for quicker communication. Alarms and keys were signed in and out daily. All bedrooms had call bells that notified staff when their help was required. We saw staff respond to calls quickly.

We saw that staff had received training in management of violence and aggression. A CCTV system was in operation that monitored areas throughout the building.
Risk was a standing agenda item on the clinical governance meeting and was discussed at staff meetings.

We saw that people who use the service had their own personal emergency evacuation plan.

An allocation book in each ward detailed daily checks that were carried out to maintain safety. The handover at staff shift change and a whiteboard gave staff information about each patient's status and observations required.

- No requirements.
- No recommendations.

**Quality Theme 2 – Quality of environment**

**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**

We spoke with several patients and they told us that they were encouraged to personalise their bedrooms. They were given the choice to paint their rooms to make them more homely and encourage a feeling of belonging and comfort. We saw walls had been painted in bright colours in some bedrooms and that rooms had been personalised with pictures and belongings.

We saw a satisfaction questionnaire that asked for feedback on cleanliness and it showed that people were satisfied.

‘You said, we did’ feedback showed people were encouraged to suggest things to improve. As a result of feedback, we saw the service had started to use barbecues as a social activity.

Everyone was encouraged to attend and participate in the community meetings held every Monday. We read notes of the meetings and saw that suggestions made, such as a request for a radio and a fan, had been acted on.

Various pieces of artwork created by patients were displayed in the activity areas.

Each ward had secure garden areas and visitor areas that patients and their visitors regularly used.

Management staff told us that they were planning to develop some land at the rear of the building into a garden space with full involvement from patients. The service has recently completed a new four-bedroom extension which provided two additional bedrooms and a storage area for each of the two wards. The service plans to involve patients in choosing artwork for these new areas.

**Area for improvement**

The satisfaction survey asked one question about the environment. This could be developed further to include questions to gather feedback about the quality of the environment, such as the decor, comfort and noise.
No requirements.

No recommendations.

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: 5 - Very good
The service is a custom-built, low secure facility. All bedrooms had en-suite facilities and were designed to keep people safe and minimise environmental risks. The windows are restricted and have guards to make sure illicit substances or prohibited items do not come into the service. There are two wards: one for males and one for females. Each ward has activity areas, a lounge and quiet room. The wards are secured with keypads and fobs to restrict movement from other areas.

Domestic staff followed a daily cleaning schedule and a maintenance system was in place for the building and equipment. Contractors were managed through head office.

The reception had security arrangements in place and people visiting signed in and out. The service areas were monitored by a CCTV system. The building had disabled access and a lift for those with mobility support needs. The service had call bells throughout to call for help. The bedroom doors had observation panels and the windows could be adjusted to ensure privacy.

The health and safety committee regularly audited the environment for issues and hazards.

We looked at the service’s new extension which provided an additional two bedrooms on each floor. All the rooms were finished to a high standard and were in keeping with the rest of the service. This will open soon.

Areas for improvement
We saw some areas in the service that required some freshening up. The activity room in Leven ward was in need of some improvement:

- the walls and skirting were stained
- the washing machine drawer was broken
- the extractor fan needed cleaned, and
- the freezer needed to be defrosted.

The carpet, windowsills and chairs in the Leven quiet room were badly stained. The service told us that it was currently supporting challenging individuals who had a regular negative impact on the environment.

A door replacement programme is being carried out, as many doors were damaged and fire seals were no longer intact.

The Leven bathroom had baths with a wooden structure and surround which were being saturated with water, and underneath the frame was found to be wet and deteriorating. Similarly, the bath surround was made of hardboard in the Campsie bathroom and was showing signs of warping (see recommendation e).
No requirements.

Recommendation e

We recommend that the environment and equipment are maintained in good order and a maintenance plan implemented to address the issues identified with paintwork, equipment and bathrooms.

Quality Theme 3 – Quality of staffing

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
Patients were asked to give feedback about the quality of staff using a written questionnaire. This asked a number of questions about the staff as follows.

- Do staff work well together?
- Do staff spend enough time with you?
- Do staff treat you with dignity and respect?
- Do staff give reassurance and support?

The service had a patient representative. As a current patient, they were able to get involved with the recruitment of new staff and helped develop the questions for the interviews.

Area for improvement
The service planned to further develop the involvement of patients and relatives in the feedback on staff at the end of their 6-month probation period. This was identified by the service in its self-assessment.

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: 6 - Excellent
We checked three staff files of people who started working with the service in the last year. All of the relevant checks had been carried out. These included:

- completion of an application form
- interview
- references
- updated check of membership of the Protection of Vulnerable Groups (PVG) scheme
• check for professional registration, and
• completion of a medical questionnaire.

Staff completed a 6-month probation period at the beginning of their employment. Staff also completed an induction during the first 3-month period, to help them get to know the wards and identify any learning points. Supervision sessions were carried out regularly thereafter. We saw examples of completed staff records.

Patient feedback on the quality of staff was very positive. Some comments included:

• ‘All of them (staff) are wonderful.’
• ‘All the staff do an excellent job.’
• ‘I’ve got my favourites.’

We heard that staff had given up their own time to help take patients on holiday. This showed a high level of motivation and was appreciated by the patients.

**Area for improvement**

Some staff told us the induction could be improved for staff who had not worked in a mental health service before. Management staff were considering how to do this, following the discussion that had taken place.

■ 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 0.2

<table>
<thead>
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<th>Requirements</th>
<th>The provider must:</th>
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<th>Recommendations</th>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<tr>
<td>a</td>
</tr>
<tr>
<td>include more specific information for patients in written form and on the website about rights and responsibilities. This should include smoking arrangements, the list of contraband items and mobile phone use (see page 10).</td>
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National Care Standards - Independent Hospitals (Standard 27.1 - Making choices and understanding your rights)

#### Quality Statement 1.4

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<th>Recommendations</th>
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<tr>
<td><strong>We recommend that the service should:</strong></td>
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<td>b</td>
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<tr>
<td>review the medication policy and practice in relation to inspection of medication storage areas and who is responsible for this (See page 12).</td>
</tr>
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</table>

National Care Standards - Independent Hospitals (Standard 20.1 - Medicines management)

| |
| c |
| ensure storage areas are audited to ensure unused medications are returned or disposed of safely (see page 12). |
National Care Standards - Independent Hospitals (Standard 20.2 – Medicines management)

d ensure recording of medication administration and medication incidents is specifically monitored to recognise trends and inform the governance of medication management (see page 12).

National Care Standards - Independent Hospitals (Standard 20.1 - Medicines management)

<table>
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<th>Quality Statement 2.2</th>
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<td><strong>Requirements</strong></td>
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<td>The provider must:</td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>We recommend that the service should:</td>
</tr>
<tr>
<td>e ensure the environment and equipment are maintained in good order and a maintenance plan implemented to address the issues identified with paintwork, equipment and bathrooms (see page 16)</td>
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</tbody>
</table>

National Care Standards - Independent Hospitals (Standard 15 – Your environment)
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
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<td>21/9/2011</td>
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<td>4 - Good</td>
<td>4 - Good</td>
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</tr>
<tr>
<td>18 and 21/10/2013</td>
<td>Not assessed</td>
<td>5 - Very good</td>
<td>Not assessed</td>
<td>6 - Excellent</td>
<td>5 - Very good</td>
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</table>
Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

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

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

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record-keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 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:

```
6  excellent
5  very good
4  good
3  adequate
2  weak
1  unsatisfactory
```

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate
Quality Statement 1.2 – 5 - Very good
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern
- a meeting (either face to face or via telephone/video conference)
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:

Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.
## Appendix 6 – Terms we use in this report

### Terms and explanation

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