Unannounced Inspection Report: Independent Healthcare

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre
Four Seasons Health Care Properties (Frenchay) Limited | Wishaw
23-25 February 2014
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
## Contents

1. A summary of our inspection 4
2. What progress the service has made since our last inspection 5
3. What we found during this inspection 7

Appendix 1 – Requirements and recommendations 20
Appendix 2 – Grading history 27
Appendix 3 – Who we are and what we do 28
Appendix 4 – How our inspection process works 30
Appendix 5 – Inspection process 32
Appendix 6 – Terms we use in this report 33
1 A summary of our inspection

About the service we inspected

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre (referred to as ‘the hospital’) is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people with varying degrees of brain injury. The hospital is located in the countryside grounds of Murdostoun Castle near Newmains.

The hospital is a purpose built, single storey building with single room accommodation. Healthcare services are provided for up to a maximum of 21 people over the age of 16 years. The hospital is well equipped and provides a wide range of rehabilitation healthcare services. Healthcare is provided using a multidisciplinary team of staff which includes:

- nurses
- doctors
- occupational therapists
- physiotherapists
- speech and language therapists, and
- psychologists.

About the inspection visit

We carried out an unannounced inspection to Murdostoun Brain Injury Rehabilitation Centre on Sunday 23 – Tuesday 25 February 2014. The inspection team was made up of two inspectors: Gareth Marr and Gill Swapp.

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:

Quality Theme 0 – Quality of information: Not assessed
Quality Theme 1 – Quality of care and support: 3 - Adequate
Quality Theme 2 – Quality of environment: 4 - Good
Quality Theme 3 – Quality of staffing: 4 - Good
Quality Theme 4 – Quality of management and leadership: 3 - Adequate

The grading history for Murdostoun Brain Injury Rehabilitation Centre can be found in Appendix 2 and more information on grading can be found on page 29.

The inspection resulted in nine requirements and 11 recommendations. Five of these requirements were carried forward from previous inspection and complaints investigation. 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.

Four Seasons Health Care Properties (Frenchay) 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 the Murdostoun Brain Injury Rehabilitation Centre for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 10 January 2013

Requirement
The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

Action taken
This requirement is reported under Quality Statement 3.3 in this report. This requirement has not been met.

What the provider has done to meet the requirements made following a complaints investigation in December 2013

Requirement
The provider must ensure that all checks are carried out within the timescale set out in the person’s care plan.

Action taken
This requirement is reported under Quality Statement 1.5. This requirement has not been met.

Requirement
The provider must ensure that all patients who are on one to one observations are adequately supervised. To do this they must ensure that:

a) there is a care plan in place detailing the level of observations the patient is on and how staff should support them, and
b) all staff are aware of the content of the care plan and carry out the observations as set out in the care plan and the providers policy.

Action taken
This requirement is reported under Quality Statement 1.6. This requirement has not been met.

Requirement
The provider must ensure that all incidents within the service are reviewed by senior staff within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.

Action taken
This requirement is reported under Quality Statement 1.6. This requirement has not been met.

Requirement
The provider must, having regard to the size and nature of the service, and the numbers and needs of service users ensure that at all times suitably qualified and competent persons are working in the independent healthcare service in such numbers as are appropriate for the health, welfare and safety of service users.

**Action taken**

This requirement is reported under Quality Statement 3.3. This requirement has not been met.
3 What we found during this inspection

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: 4 - Good

During the inspection, we saw that an initial assessment is carried out to assess the needs of potential patients before their admission. At this time, information about the service is shared with the patient and their relatives and carers. Patients are also encouraged to visit the service before their admission.

All patients are issued with an ‘admission information pack’ which provides information on a range of subjects including:

- keyworker details
- mealtimes
- smoking policy
- visiting times
- how to make a complaint, and
- access to medical records.

A range of other leaflets are also provided to patients and their relatives and carers. For example, a leaflet entitled ‘Your rights, Your Information’ is displayed at the entrance to the hospital. These leaflets are general to the Huntercombe group of services.

Leaflets for patients and relatives to complete, when making a suggestion or complaint, are available in the reception area of the hospital along with a box for completed forms. These are collected by the manager of the service. Responses to suggestions or complaints are sent to the patient or relative and action is taken, as appropriate.

A patient forum has been established called ‘Your Say’. This forum is held on a regular basis and items discussed include:

- review of the admission information pack
- use of the patient fund, and
- suggestions for activities.

A patient and relative forum is also held every 3 months and is chaired by the manager of the service. Items discussed include:

- updates on any changes being made within the service
- staff changes
- results of regulatory inspections, and
- feedback and suggestions from patients and relatives attending the meeting.
During the inspection, we spoke with several members of staff who informed us that they regularly engage patients in reviewing their care plan and whether they are satisfied with the goals for achievement that have been set. A formal fortnightly review is also carried out. This involves the patient, their relative or carer and members of the multidisciplinary team.

The service provider carries out a patient satisfaction survey every year. This is organised nationally and feedback is provided concerning the individual service.

Areas for improvement

We saw that work was being carried out by the service provider to develop a participation policy. This should be completed as soon as possible and include how feedback is provided to patients and relatives about the action taken following any suggestions they have made (see recommendation a).

The hospital displayed its complaints policy on the notice board in the reception area and included information about the role of Healthcare Improvement Scotland in investigating complaints. This policy needs to be updated to make it clear to patients and their relatives that a complaint can be made to Healthcare Improvement Scotland at any stage of the process and not only if they are unhappy with the service’s response (see requirement 1).

Requirement 1 – Timescale: by 30 April 2014

- The provider must ensure that the complaints policy is updated to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should finalise the participation policy, including how feedback is provided to patients and relatives about changes made following suggestions they have made.

Quality Statement 1.4

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

Grade awarded for this statement: 4 - Good

We saw that the hospital carries out medicines reconciliation when a patient is admitted. Medicines reconciliation is when a service liaises with the patient's GP, or other care giver, to make sure they are giving the correct medication. This is part of the admission documentation.

Staff who give out medication have regular competency checks carried out. This is when another member of staff will observe the staff member giving out medication to make sure they do so safely and follow best practice guidance.
During the inspection, we looked at medication prescriptions. We found that all prescriptions we saw had:

- a photograph to help identify the correct patient
- the patient’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medication to be given written legibly, and
- the route identified, for example, to be given by mouth or injection.

We also looked at the recording sheets which staff complete to say if the medication was given. We saw that these were all completed correctly.

We also saw that night staff carry out a weekly medication count. Night staff will look to see how many tablets there were at the beginning of the week, how many should have been given during the week and how many are left. This allows them to identify if all the medication has been given correctly. If there are any discrepancies the hospital can then investigate this.

We saw that there is a medication policy in place. The policy sets out what staff should do if a medication error is made. Staff we spoke with were able to clearly describe the action they would take. This was consistent with what was in the policy.

Areas for improvement

We saw an example where a patient had their medication crushed and added to yoghurt to help them take it. While we have no concern with this approach, it is important that advice is sought from a pharmacist to ensure that the medication is suitable to be given in this method. While staff told us that they had verbal confirmation from the pharmacist, this was not documented in the patient’s care record (see requirement 2).

During the inspection, we saw an example where staff were not following the correct procedure when administering a controlled drug. Controlled drugs are medications which require to be controlled more strictly, such as some types of painkillers. It is important that the correct procedure is followed when administering controlled drugs to ensure that they are given safely. We spoke with a member of staff who recognised that the correct procedure was not followed. They told us this was not the usual way of administering this controlled drug (see recommendation b).

We saw that one patient was given ‘as required’ medication as a result of them being agitated. There was no care plan in place to support the use of medication for this purpose and there was also no note in the patient’s daily notes. While this is not common practice within the hospital, it is important that there are care plans in place to ensure that as required medication is used appropriately. It is also important that the use of this medication is documented in the patient’s care record to allow staff to monitor if this was effective (see recommendation c).

Requirement 2 – Timescale: Immediate on receipt of this report

- The provider must ensure that they obtain written advice from a pharmacist:
  a) on any occasion that a medication is being altered from its original form, and
  b) when medication is given mixed with any foodstuffs.
Recommendation b

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should ensure that staff follow the correct procedures when administering controlled drugs.

Recommendation c

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should ensure that there is a care plan in place for all patients who are given, as required, medication to help with agitation or challenging behaviour.

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 - Good

During the inspection, we looked at six patient care records. These included information from the initial admission assessment as well as a more detailed assessment carried out following admission.

The assessment process included a detailed medical history and a range of dependency assessments, for example skin pressure relief, safety awareness, communication and nutrition. The assessments involve a wide range of professional input from nurses, occupational therapists, physiotherapists, and speech and language therapists. Where specific care needs had been identified, care plans had been developed on how these needs should be met.

An assessment tool was used to identify risk, including the need to turn patients regularly and their moving and handling requirements. Any equipment needed to assist with this care was clearly identified and visual aides were provided for staff where the patient had complex requirements. We saw that a range of equipment was being used as specified in the documents.

The patient care record included a section for all professionals involved in the patient’s care to make daily entries. These were seen to be up to date and all entries were appropriately signed and dated.

Areas for improvement

We saw that, although the care plans were based on a detailed assessment process, they did not provide details of how the psychological, social and spiritual needs of the patients were to be met. There were also no care plans in place to support staff in dealing with any challenging behaviour which may occur whilst caring for some of the patients (see requirement 3).

The care plans and risk assessments we looked at had been reviewed on a monthly basis up to the end of December 2013. However, the planned review for January 2014 had not been carried out and entries had not been made for February 2014. It is important that care plans...
are regularly reviewed to make sure the care plan continues to meet the needs of the patient (see requirement 3).

We made the following requirement as a result of a complaints investigation carried out in December 2013:

*The provider must ensure that all checks are carried out within the timescale set out in the person’s care plan.*

During this inspection, we saw that a number of patients had been identified as requiring checks every 2 hours. We looked at the patient care records for three of these patients and saw that this did not always happen. Although we saw examples where the checks were carried out appropriately, there were several gaps which were between 3–5 hours. This requirement is not met and will be continued with a revised timescale (see requirement 4).

**Requirement 3 – Timescale: by 31 May 2014**

- The provider must ensure that the care planning process includes how all the identified care needs of a patient are to be met. This should include their psychological, social and spiritual needs and how to support patients who display challenging behaviours. The provider must also ensure that all care plans and risk assessments are reviewed on a regular basis to ensure the care given is appropriate to the needs of the patient.

**Requirement 4 – Timescale: immediate on receipt of report**

- The provider must ensure that all checks are carried out within the timescale set out in the person’s care plan.

- No recommendations.

**Quality Statement 1.6**

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

**Grade awarded for this statement: 3 - Adequate**

During the inspection, we saw an electronic reporting system in place. This allows the service easy access to information about incidents that occur.

There are individual fire risk assessments in place for each patient. The risk assessment also includes an evacuation plan which should be followed in the event of a fire. This is especially important in this type of hospital as some patients do not have the physical or cognitive ability to get themselves to a safe place in the event of a fire.
We saw risk assessments in individual patient healthcare records. These covered areas such as:

- falls risks
- moving and handling risks, and
- risk of developing pressure ulcers.

There are also a range of risk assessments relating to the environment.

The hospital has also recently started a debrief process. A debrief is carried out after a significant incident. This allows staff to analyse the incident and consider if there was anything that could have been done differently to avoid a similar incident occurring in the future.

**Areas for improvement**

We made the following requirement as a result of a complaints investigation in December 2013:

*The provider must ensure that all patients who are on one to one observations are adequately supervised. To do this they must ensure that:*

  a) *there is a care plan in place detailing the level of observations the patient is on and how staff should support them, and*

  b) *all staff are aware of the content of the care plan and carry out the observations as set out in the care plan and the providers policy.*

We looked at the care plan for a patient who was on one to one observation at the time of the inspection. This care plan was also reviewed as part of the complaint investigation in December 2013 which had led to the requirement above. We saw that the care plan had still not been reviewed and did not detail the level of observations the person should be on. We were told that the patient should be on ‘level 4 observations’, this means within arm’s length of the staff member observing them. During this inspection, we saw the member of staff observing the patient was sitting outside the patient’s room with the door closed and was reading a book. The door was later seen to be propped open slightly. From these observations, we could see that the requirement was not met. This requirement will be continued with a revised timescale (see requirement 5).

We also made the following requirement as a result of a complaints investigation in December 2013:

*The provider must ensure that all incidents within the service are reviewed by senior staff within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.*

While we saw that the hospital has an electronic reporting system in place, it is not currently used to its full potential. The hospital has plans in place to start using the system to look at incident trends in the service. This means they can look at things such as:

- whether incidents occur at particular times of the day
- whether particular members of staff involved, and
- the types of incidents that occur most often.
This will allow the hospital to consider if any changes can be made that will help to reduce the number of incidents. We looked at the incident log from August 2013 until the time of the inspection. We saw that there had been 22 patient falls during this period. While these may have been unavoidable, we were concerned that the hospital had not used this information to instigate an investigation into falls management. We also spoke with two members of staff who had been involved in the incident we looked at during the complaint investigation in December 2013. We found that neither had been spoken to about the incident. This requirement is not met and will be continued with a revised timescale (see requirement 6).

During the inspection, we saw that the service did not have a risk register in place. A risk register is a list of identified risks in the service along with a description of how the risks will be managed or reduced (see recommendation d).

**Requirement 5 – Timescale: immediate on receipt of report**

- The provider must ensure that all patients who are on one to one observations are adequately supervised. To do this, they must ensure that:

  a) there is a care plan in place detailing the level of observations the patient is on and how staff should support them, and
  b) all staff are aware of the content of the care plan and carry out the observations as set out in the care plan and the provider’s policy.

**Requirement 6 – Timescale: immediate on receipt of report**

- The provider must ensure that all incidents within the service are reviewed by senior staff within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.

**Recommendation d**

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should establish a risk register to identify the different risks in the service and how these risks will be managed.

**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: 4 - Good**

The areas reported under Quality Statement 1.1 are also relevant to this statement.

- 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: 4 - Good

The hospital is a purpose-built single storey building with single room accommodation for patients. The accommodation includes:

- patient lounges with activity areas
- smoking area for patients
- enclosed garden areas
- a therapy kitchen
- a rehabilitation flat, and
- a physiotherapy gym.

The service has also made some changes to the environment since the previous inspection. It has completely refurbished the hydrotherapy pool. The pool has been completely retiled and the changing areas have been totally refurbished with new showers fitted. One of the bedrooms in the service has been refurbished to make a sensory room. Sensory rooms use a range of light, sound and specialist equipment to create a calming and relaxing atmosphere. This can be used to help patients who may be agitated or distressed. The service has also refurbished a bathroom to provide an assisted whirlpool bath.

Areas for improvement

The decor in the hospital is tired in areas and requires updating both inside and outside the building. We also saw some unused items in the gardens of the hospital. We saw that the access point to the enclosed garden had refuse on the ramp. The pool table in one of the lounges was ripped. We were told that the pool table is well used by patients. We were told about plans to refurbish the hospital this year, including the patient lounges. We will follow this up at future inspections (see recommendations e and f).

The hospital has a smoking lounge. We found a strong smell of smoke in this room. We also smelled smoke in the corridor areas. While we saw an extractor fan in the smoking lounge this did not appear to be effective enough (see recommendation g).

Although the hydrotherapy pool has undergone significant refurbishment, there are no shower curtains in the changing area and no blinds on the windows where the pool is. These windows are overlooked by some of the bedrooms in the service (see recommendation h).

- No requirements.

Recommendation e

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should undertake an audit of the environment to identify any works that require to be carried out. The provider should then establish an action plan to ensure the necessary works are undertaken.
Recommendation f

■ We recommend that Murdostoun Brain Injury Rehabilitation Centre should ensure that the area outside the hospital is kept clean at all times.

Recommendation g

■ We recommend that Murdostoun Brain Injury Rehabilitation Unit should ensure that there is adequate extraction in the designated smoking lounge.

Recommendation h

■ We recommend that Murdostoun Brain Injury Rehabilitation Unit should ensure that blinds are fitted in the hydrotherapy pool room and shower curtains are fitted in the changing area.

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: 4 - Good

The areas reported under Quality Statement 1.1 are also relevant to this statement.

■ 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: 3 - Adequate

During the inspection, we spoke with several members of staff. They told us they had completed various training courses including:

• moving and handling
• tracheostomy care
• infection control, and
• care of people with a brain injury.

Staff also told us that the training offered was appropriate to enable them to carry out their day to day work.
A range of computer-based training packages were available to staff, including mandatory training. The training package lets staff know when their annual update of mandatory training is required. In-house training sessions are also organised on a monthly basis. Recent sessions have included:

- home ventilation
- neurodisability, and
- record keeping and professional accountability.

All new staff receive an induction checklist. The induction provides them with basic information relevant to their role is worked through with their line manager. Staff are also required to complete the mandatory training appropriate to their role within 8-weeks of starting their job.

The recently appointed support services manager has completed a review of how induction is carried out. As a result, a new, more detailed process is to be implemented for any new staff. This appears to be more comprehensive than what was previously in place.

Staff meetings are held with management every 3 months and these provide an opportunity for staff to raise any suggestions or concerns that they may have. Multidisciplinary meetings also take place on a weekly basis to discuss patient care issues.

All staff have access to an electronic version of the companies policies and procedures. A paper copy is also kept centrally within the service.

Staff we spoke with appeared well motivated and spoke positively about their work. Comments made included:

- ‘we work as a team’
- ‘it [the work] is interesting, you learn more’

**Areas for improvement**

We made the following requirement as a result of a complaints investigation carried out in December 2013:

*The provider must, having regard to the size and nature of the service, and the numbers and needs of service users ensure that at all times suitably qualified and competent persons are working in the independent health care service in such numbers as are appropriate for the health, welfare and safety of service users.*

Several staff we spoke with told us that the dependency level amongst the patient group has increased over a period of time. This means they no longer have time to do activities with the patients or to sit and talk with them. This was supported by our observations during the inspection. We saw that patients were left for long periods of the day with nothing to do but watch television or walk around the unit. Staff were fully occupied in meeting the physical care needs of the patients. It is important that staff have time to engage on a social level with patients. This requirement is not met and will be continued with a revised timescale (see requirement 7).

The staff we spoke with had not received an appraisal during the last twelve months. We were told that the company was developing a new appraisal process which was due to be implemented within the next twelve months (see requirement 8).
We made the following requirement as a result of our previous inspection in January 2013.

The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

We looked at a selection of staff clinical supervision records. The completion of these varied depending upon the line manager concerned. This was confirmed by what we were told by staff. Some staff appeared to have received their supervision on a regular basis whilst others had not received any supervision for several months. This requirement is not met and will be continued with a revised timescale (see requirement 9).

Requirement 7 – Timescale: by 31 May 2014

■ The provider must, having regard to the size and nature of the service, and the numbers and needs of service users ensure that at all times suitably qualified and competent persons are working in the independent health care service in such numbers as are appropriate for the health, welfare and safety of service users.

Requirement 8 – Timescale: by 30 October 2014

■ The provider must ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals.

Requirement 9 – Timescale: 30 June 2014

■ The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

■ 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: 5 - Very good

During the inspection, we saw staff interacting with patients in a respectful manner and did not see any interactions which caused us concern. Staff appeared to have positive relationships with the patients.

The staff we spoke with were very positive about the patients they looked after and appeared motivated to deliver a high standard of care. Staff also told us that they feel they are treated with respect by the management team and by colleagues.

Area for improvement

The service has no system in place to monitor staff interactions with patients. A number of patients have some level of communication difficulties as a result of their brain injury. Therefore, it is important that staff interact with patients in a positive manner. The hospital should have a system in place to assure themselves that this is happening (see recommendation i).
No requirements.

**Recommendation i**

- We recommend that Murdostoun Brain Injury Rehabilitation Centre should put systems in place so that staff interactions with patients can be monitored and audited.

### Quality Theme 4 – Quality of management and leadership

**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: 4 - Good**

The areas reported under Quality Statement 1.1 are also relevant to this statement.

- No requirements.
- No recommendations.

**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: 3 - Adequate**

During the inspection, we saw that there is a complaints log in use. This includes the reason for the complaint, the investigation undertaken and the outcome. Complaints are an important way for a service to get feedback from patients and their relatives.

We saw an internal compliance audit was carried out in July 2013. This is when staff from other parts of the service provider come to the service and check how they are performing against a set of standards. We saw that the service developed an action plan to address the issues identified in the audit. The provider then carried out a follow-up visit in November 2013 to check progress made with the action plan. There is an audit programme in place in the service.

We saw reports written as a result of inspections by other agencies including the fire service and environmental health. There were action plans developed as a result of these. We could see that the appropriate actions had been carried out as required.

### Areas for improvement

During the inspection, we were told that clinical governance meetings had not been taking place recently. These have just been re-established and the first meeting had taken place to discuss how the meeting would be taken forward (see recommendation j).

The provider has developed a new audit process. This has not started yet in the hospital (see recommendation k).
No requirements.

Recommendation j

We recommend that Murdostoun Brain Injury Rehabilitation Centre should ensure that the clinical governance meetings are re-commenced. This will allow the quality of the service to be monitored in a formal manner.

Recommendation k

We recommend that Murdostoun Brain Injury Rehabilitation Centre should implement the new audit process so that the quality of the service provided can be measured.
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

#### Requirement

The provider must:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ensure that the complaints policy is updated to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.</td>
</tr>
</tbody>
</table>

**Timescale – by 30 April 2014**

**Regulation – 15 (6) (a) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011**

**National Care Standard 9 – Expressing your views**

#### Recommendations

We recommend that Murdostoun Brain Injury Rehabilitation Centre should:

| a | finalise the participation policy, including how feedback is provided to patients and relatives about changes made following suggestions they have made. |

**National Care Standard 9 – Expressing your views**
<table>
<thead>
<tr>
<th><strong>Quality Statement 1.4</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td>2 ensure that they obtain written advice from a pharmacist:</td>
</tr>
<tr>
<td>a) on any occasion that a medication is being altered from its original form, and</td>
</tr>
<tr>
<td>b) when medication is given mixed with any foodstuffs.</td>
</tr>
<tr>
<td><strong>Timescale</strong> – <strong>immediate on receipt of this report</strong></td>
</tr>
<tr>
<td><em>Regulation –3 (a) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td>National Care Standard 20 – Medicines management</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td><strong>We recommend that Murdostoun Brain Injury Rehabilitation Centre should:</strong></td>
</tr>
<tr>
<td>b ensure that staff follow the correct procedures when administering controlled drugs.</td>
</tr>
<tr>
<td>National Care Standard 20 – Medicines management</td>
</tr>
<tr>
<td>c ensure that there is a care plan in place for all patients who are given, as required, medication to help with agitation or challenging behaviour.</td>
</tr>
<tr>
<td>National Care Standard 20 – Medicines management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Quality Statement 1.5</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td>3 ensure that the care planning process includes how all the identified care needs of a patient are to be met. This should include their psychological, social and spiritual needs and how to support patients who display challenging behaviours. The provider must also ensure that all care plans and risk assessments are reviewed on a regular basis to ensure the care given is appropriate to the needs of the patient.</td>
</tr>
<tr>
<td><strong>Timescale</strong> – <strong>by 31 May 2014</strong></td>
</tr>
<tr>
<td><em>Regulation –4 (1) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td>National Care Standard 14 – Information held about you</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Recommendation**

None
## Quality Statement 1.6

**Requirements**

The provider must:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>ensure that all patients who are on one to one observations are adequately supervised. To do this, they must ensure that:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) there is a care plan in place detailing the level of observations the patient is on and how staff should support them, and</td>
</tr>
<tr>
<td></td>
<td>b) all staff are aware of the content of the care plan and carry out the observations as set out in the care plan and the provider’s policy.</td>
</tr>
</tbody>
</table>

**Timescale** – **immediate on receipt of report**

*Regulation –3 (a) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**National Care Standard 17 – Security**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>ensure that all incidents within the service are reviewed by senior staff within a reasonable time. This will allow the service to respond to any concerns raised and ensure that any opportunities for learning are identified.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timescale – <strong>immediate on receipt of report</strong></td>
</tr>
</tbody>
</table>

*Regulation –13 (2) (a) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**National Care Standard 12 – Clinical effectiveness**

**Recommendation**

We recommend that Murdostoun Brain Injury Rehabilitation Centre should:

*should establish a risk register to identify the different risks in the service and how these risks will be managed.*

**National Care Standard 12 – Clinical effectiveness**

*
### Quality Statement 2.2

**Requirement**

None

**Recommendations**  
**We recommend that Murdostoun Brain Injury Rehabilitation Centre should:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| e | undertake an audit of the environment to identify any works that require to be carried out. The provider should then establish an action plan to ensure the necessary works are undertaken.  
National Care Standard 15 – Your environment |
| f | ensure that the area outside the hospital is kept clean at all times.  
National Care Standard 15 – Your environment |
| g | ensure that there is adequate extraction in the designated smoking lounge.  
National Care Standard 15 – Your environment |
| h | ensure that blinds are fitted in the hydrotherapy pool room and shower curtains are fitted in the changing area.  
National Care Standard 15 – Your environment |

### Quality Statement 3.3

**Requirements**  
**The provider must:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| 7 | having regard to the size and nature of the service, and the numbers and needs of service users ensure that at all times suitably qualified and competent persons are working in the independent health care service in such numbers as are appropriate for the health, welfare and safety of service users.  
Timescale – **by 31 May 2014**  
Regulation –12 (a) – *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*  
National Care Standard 10 - Staff |
8. Ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals.

Timescale – by 30 October 2014

*Regulation – 12 (c) (i) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 10 - Staff

9. That the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

Timescale – by 30 October 2014

*Regulation 12(c)(i)and(ii) – The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

National Care Standard 10 - Staff

Recommendation

None

**Quality Statement 3.4**

**Requirement**

None

**Recommendations**

*We recommend that Murdostoun Brain Injury Rehabilitation Centre should:*

i. Put systems in place so that staff interactions with patients can be monitored and audited.

National Care Standard 12 – Clinical effectiveness
## Quality Statement 4.4

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### Recommendations

**We recommend that Murdostoun Brain Injury Rehabilitation Centre should:**

<table>
<thead>
<tr>
<th>j</th>
<th>ensure that the clinical governance meetings are re-commenced. This will allow the quality of the service to be monitored in a formal manner.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standard 12 – Clinical effectiveness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k</th>
<th>implement the new audit process so that the quality of the service provided can be measured.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National Care Standard 12 – Clinical effectiveness</td>
</tr>
</tbody>
</table>
## Appendix 2 – Grading history

Grading history for Murdostoun Brain Injury Rehabilitation Centre:

<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>
<th>Quality of leadership and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-25/02/2014</td>
<td>Not assessed</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>10/01/2013</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>Not assessed</td>
</tr>
<tr>
<td>07/06/2012</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>Not assessed</td>
</tr>
<tr>
<td>10/02/2012</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>Not assessed</td>
</tr>
</tbody>
</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 4 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](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 4.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection:** the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection:** the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

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

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

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

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

**Follow-up activity**

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

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

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

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

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

**Before inspection**

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

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

**During inspection**

We arrive at the service and undertake physical inspection.

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

We give feedback to the service’s senior staff.

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

**After inspection**

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

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</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.