Announced Focused Inspection Report: Independent Healthcare

Service: Castle Craig Hospital, West Linton
Service Provider: Castle Craig Hospital Limited

13 October 2020
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 Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 21-22 August 2017

Requirement
The provider must ensure it carries out appropriate Disclosure Scotland checks prior to employment.

Action taken
We saw evidence showing that appropriate Disclosure Scotland checks had been carried out for all new members of staff before employment. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 21-22 August 2017

Recommendation
The service should ensure all checks on the generator are recorded with any action taken if faults are noted.

Action taken
We saw that the generator was serviced on a regular basis. This was documented and any actions needed had been carried out.

Recommendation
The service should carry out regular environmental audits.

Action taken
We were told the hospital’s infection prevention and control audit was being amended to include monitoring of the environment and patient equipment, to align with Chapter 1 of Health Protection Scotland’s National Infection Prevention and Control Manual. This recommendation is reported in Quality indicator 5.1.

Recommendation
The service should assess and upgrade clinical hand wash sinks to ensure they are compliant with current standards as part of any refurbishment plan. This should be in line with a risk-based plan that takes into account both the use of the basin and its design.

Action taken
All clinical hand wash basins in the hospital had been assessed. A refurbishment plan had been developed for installing appropriate upgraded clinical hand wash
basins for all those identified as not complying with current national guidance for sanitary fittings in healthcare premises.

**Recommendation**

*The service should assess the sink within the housekeeping sluice area and upgrade as part of any refurbishment plans.*

**Action taken**

The sink in the housekeeping sluice area had been upgraded.

**Recommendation**

*The service should expand the cleaning schedules completed by clinical staff to provide clear instructions on cleaning required and ensure each medical room should have its own cleaning schedule.*

**Action taken**

We were shown the enhanced cleaning schedules and saw that a record was kept of the cleaning that had taken place.

**Recommendation**

*The service should ensure all sharps bin labels been completed correctly. This should include the point of origin and date of closure.*

**Action taken**

All sharps bins reviewed were labelled correctly.

**Recommendation**

*The service should consider ways they can more effectively communicate results of quality assurance audits to all staff and, where appropriate, patients.*

**Action taken**

The service had developed a new information leaflet for sharing audit outcomes and other useful information with staff and patients. This leaflet was issued every 3 months.
2 A summary of our inspection

We carried out an announced inspection to Castle Craig Hospital on Tuesday 13 October 2020. The purpose of the inspection was to make sure the service was delivering care safely to patients, in light of the COVID-19 pandemic. We reviewed the service’s infection prevention and control policies and procedures, and spoke with a number of staff during the inspection.

The inspection team was made up of three inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Castle Craig Hospital, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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<td><strong>Domain 9 – Quality improvement-focused leadership</strong></td>
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<td>9.4 - Leadership of improvement and change</td>
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set up to co-ordinate a hospital-wide response to the pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. The hospital’s quality management system was accredited to internationally recognised standards.

The following additional quality indicator was inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
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<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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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.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

**What action we expect Castle Craig Hospital Limited to take after our inspection**

This inspection resulted in no requirements and recommendations.

We would like to thank all staff at Castle Craig Hospital for their assistance during the inspection.
3 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Comprehensive and thorough COVID-19 risk assessments had been carried out and effective actions were being taken to minimise the risk of COVID-19 transmission. The hospital’s environment and patient equipment were clean and cleaning procedures followed current national guidance. The hospital was reviewing its infection control audit tool so that it aligned more closely with national guidance.

A clear governance structure was in place with dedicated staff assigned as responsible for infection prevention and control. The head nurse was the infection control lead, with support from the deputy head nurse, a staff nurse and the newly appointed hospitality manager. These staff were responsible for overseeing infection prevention and control in the hospital, carrying out audits and reporting the findings to senior management.

The hospital’s COVID-19 related policies and procedures were comprehensive and described the control measures staff should take to minimise the risks of COVID-19 transmission. These included:

- restricted access to the hospital, with visiting only allowed under exceptional circumstances
- a strict screening process for all staff and visitors, with regular staff COVID-19 testing for staff
- personal protective equipment, including face masks, for patients, staff and visitors
- increased cleaning of the environment, patient equipment and frequently touched areas such as door handles, and
- increased monitoring and assurance around cleaning.

All new patients were sent COVID-19 screening questions before admission to assess their risk of COVID-19 transmission. They were then instructed to self-isolate for 7 days before being admitted to the hospital. They were screened again and had their temperature taken on the day of admission, and were then admitted directly to a single room in the admissions unit where they remained in isolation for 7 days. Further COVID-19 swab tests were carried out on days 2 and 5. If both tests were negative, the patient entered one of the two therapeutic units on day 7. Patients were also provided with written information, outlining the risk of community outbreak and the hospital’s current COVID-19 status.

We saw that the care environment and patient equipment were clean and well maintained. Staff cleaned equipment between each patient’s use, cleaned frequently touched surfaces 4 times a day and used an ultraviolet air purifying unit every day in each of the main patient areas. When a patient was discharged, their bedroom was thoroughly deep cleaned before a new patient was admitted. This included using the ultraviolet air purifying unit. We saw cleaning schedules and evidence of cleaning monitoring taking place on a regular basis.

During our observations of staff practice, we saw good compliance with hand hygiene. Appropriate hand hygiene facilities were available, including clinical hand wash sinks with hand soap and paper towels, and a good supply of alcohol-based hand rub dispensers. Clinical staff in the admissions unit and the two therapeutic units wore uniforms and personal protective equipment. This included a surgical face mask at all times, and disposable aprons and gloves when delivering direct patient care. Personal protective equipment was stored appropriately, close to where patient care was delivered.

The hospital had been divided into three areas with their own dedicated staff group of nurses and therapists. Virtual meetings were held between each area. From staff we spoke with and our own observations, we saw the segregated areas were strictly complied with. During the initial 7-day period of isolation, patients had their meals delivered to their rooms. Mealtimes were staggered in the main therapeutic units, and we saw that social distancing was being strongly adhered to in the dining rooms. Patients were social distancing from each other and some were choosing to wear face coverings. Patients we spoke with told us they had been informed as to how they should socially distance and were very aware of the steps the hospital was taking to keep them safe.
Appropriate facilities and contingencies were in place to cohort any symptomatic patients together, as well as those confirmed with COVID-19 following admission.

A staff changing area was available and staff told us they laundered their own uniforms at home, at the highest temperature recommended for the material. Although an on-site laundry was used for washing patients’ bedding and towels, the majority of linen was sent to an outside contractor.

An infection prevention and control audit programme was in place. We saw results from the most recent audits carried out in September 2020, the action plans produced and evidence that action had been taken to resolve any issues identified. The head nurse was responsible for overseeing audits and reporting outcomes to clinical governance groups. Minutes from clinical governance meetings showed that audit results had been discussed. A summary of audit outcomes was also being shared with patients and staff through an information leaflet issued every 3 months.

**What needs to improve**

At the last inspection in August 2017, we noted the hospital was carrying out regular infection control audits. While these audits focused on staff infection prevention and control practice, they did not include checks on the hospital’s environment and equipment. This meant that issues with the environment or equipment were only being identified if staff reported them to senior management. At that time, we recommended that the hospital should start a programme of regular environmental audits. The hospital responded by producing an ‘environmental statement of operations’ that set out how the various aspects of the hospital’s internal and external services were managed, such as water, energy, heating and transport.

We discussed the confusion with senior managers and clarified that infection prevention and control audits should cover the condition of the environment and patient equipment, as well as infection prevention and control practice. Senior managers are now in the process of reviewing the hospital’s infection control audit tool to ensure it aligns with the standard infection control precautions set out in Chapter 1 of Health Protection Scotland’s *National Infection Prevention and Control Manual*. We will follow this up at future inspections.

When we inspected the on-site laundry, we saw there was only one access point. This meant that dirty laundry was passing through a ‘clean’ area. This increases the risk of cross-infection. When we raised this with the housekeeping manager, she told us a laundry chute which had fallen out of use could be reinstated. The exit of the chute led to the ‘dirty’ area of the laundry. By the end
of our inspection, we were told the reinstatement of the laundry chute was in progress.

- No requirements.
- No recommendations

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Patients received a comprehensive risk assessment for COVID-19 before being admitted for treatment. Patient care records were clear and included COVID-19 information in relation to pre-treatment assessment. Consent for sharing information with other relevant medical staff was clearly recorded.

We reviewed five electronic patient care records and saw that comprehensive assessments and consultations were carried out before treatment started. All care records were date and time stamped. They included:

- medical history, with details of any health conditions
- consent to treatment and sharing of information
- COVID-19 questionnaire, signed by the patient, and
- record of COVID-19 testing and result.

During the pre-screening process, the hospital identified patients who could be considered high risk if they caught coronavirus. This included people with existing chronic illnesses and who had a high risk factor. They were advised that an admission to the hospital was not recommended at this time and the hospital would be in contact when the current pandemic restrictions were lifted.

The hospital had changed the way it was managing therapy sessions to maintain a COVID-19 secure environment. During the initial isolation period, each patient was issued with a hand-held electronic device to enable them to participate in virtual therapy sessions. Once the isolation period had been completed, each therapy room was laid out to ensure social distancing could take place. Patients could also opt for a 2-week admission to the hospital for assessment and detox, and they could then complete the rest of their therapies online from home. The hospital was also using online continuing care therapy to support patient aftercare.

- No requirements.
- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Clear and decisive leadership and assurance structures were in place, as well as a supportive approach for patients and staff. A coronavirus response management group had been set up to co-ordinate a hospital-wide response to the pandemic. The risks from COVID-19 had been thoroughly considered and clear actions were being taken to minimise the risk of transmission. The hospital’s quality management system was accredited to internationally recognised standards.

The provider had set up a coronavirus response management group at the start of the pandemic in March 2020. This group was made up of key staff, including the hospital manager, head nurse, deputy head nurse and the hospitality manager. It had carried out risk assessments, identified measures to control the transmission of COVID-19 in the hospital, and created new policies and procedures for staff to follow. The group was initially meeting every week but this had been reduced to monthly at the time of our inspection. We saw minutes from a number of these meetings and could see that the provider was continually responding to updated guidance from government, Public Health England and Health Protection Scotland.

This provided continuous evidence-based leadership in relation to infection prevention and control, and helped to keep staff and patients safe by minimising the risk of transmission of COVID-19 in the hospital.

The hospital had created a working relationship with NHS Borders’ public health team. This gave senior managers direct access to public health expertise and advice during the pandemic.

The hospital had its own quality management system that was accredited to ISO 9001:2015 standards. This is an internationally recognised quality management
standard. The most recent independent audit report had identified that the provider had responded competently and effectively to the COVID-19 pandemic and had demonstrated very good attention to detail.

The senior management team carried out daily rounds of each department. This included checking equipment, compliance with policies and procedures, and observing staff behaviour. These daily rounds were recorded and we saw the most recent checklist. Any issues or staff non-compliance were discussed at the time and dealt with immediately.

Staff huddles were held twice a day, where any issues relating to COVID-19 were discussed. We saw briefing notes for recent huddles which detailed the topics that had been discussed. This meant that staff were kept up to date regularly with any changes or ongoing issues.

Staff told us they regularly saw senior managers and members of the infection prevention and control team in their clinical areas. They also said they were responsive and that they felt well supported by them. We spoke with staff from the medical, nursing, therapy and housekeeping teams. Each area was keen to show the steps they had taken to minimise the spread of infection. They could explain the reason why they were doing it and how their actions could impact on the hospital as a whole. It was clear staff felt valued, and able to contribute their views and have these taken into account. Staff were also able to show that, in some instances, the measures put in place to minimise the spread of infection had led to an improvement in conditions for patients. This was highlighted by showing that patients who had recently been admitted were less anxious in a smaller environment. This allowed them to participate in therapy with more confidence.

It was clear the hospital management and staff had responded quickly to the current COVID-19 pandemic. A robust set of measures had been implemented to keep patients, staff and visitors to the hospital as safe as possible. This was informed by up-to-date guidelines and comprehensive risk assessments throughout the patient journey.

- 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 National Health Services (Scotland) Act 1978, 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.

This inspection resulted in no requirements and no recommendations.
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections
Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections
We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

After inspections
We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org
We require independent healthcare 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.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot