Unannounced Inspection Report: Independent Healthcare

Service: Surehaven Hospital, Glasgow
Service Provider: Surehaven Glasgow Ltd

15-16 February 2022
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www.healthcareimprovementscotland.org
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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 12-13 November 2019

Recommendation
The service should review the process of recording when a new prescription chart has been started on the medicines administration record to ensure medicines are administered safely to patients.

Action taken
We saw evidence in patient care records that a process was now in place to clearly show when a new prescription chart had been started.

Recommendation
The service should review its documentation to ensure that records about patients’ safe and well checks are maintained separately.

Action taken
We saw that the service now kept safe and well observation checks in a separate document from general security checks.

Recommendation
The service should review the format of the charge nurses’ monthly audit.

Action taken
We reviewed the charge nurses’ monthly audits and saw a clear process was now in place, including recording clear findings, trends and associated action plans.
2  A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Surehaven Hospital on Tuesday 15 and Wednesday 16 February 2022. We spoke with a number of staff and nine patients during the inspection. We telephoned four patient’s relatives after 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 before the inspection.

What we found and inspection grades awarded

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

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>A number of systems and processes were in place to ensure the care and environment was safe and met patients’ individual needs. This included all relevant policies, procedures and risk assessments. COVID-19 risks were continuing to be assessed to help prevent transmission. A refurbishment plan was in place with identified upgrades to some of the facilities planned.</td>
<td>✓ ✓ Good</td>
</tr>
</tbody>
</table>

#### Domain 9 – Quality improvement-focused leadership

<table>
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<th>Quality indicator</th>
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</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A clear governance structure was in place and the service demonstrated a constructive and person-centred approach to improving the quality of the care it provided. Managers were visible, and staff found them approachable and supportive. The service acted quickly on outcomes from incidents and audits.</td>
<td>✓ ✓ Good</td>
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</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

<table>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Regular multidisciplinary reviews took place with all patients. Care plans were person centred and reviewed regularly. Changes to a patient’s needs or presentation were communicated effectively among staff.</td>
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</tbody>
</table>
**Domain 7 – Workforce management and support**

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</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>An effective recruitment and induction process was in place. Staff had access to a range of essential training and development opportunities to support them to deliver safe, quality care. Managers had a proactive approach to workforce planning and staff were clearly valued.</td>
</tr>
</tbody>
</table>

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

Further information about the Quality Framework can also be found on our website at:  

**What action we expect Surehaven Glasgow Ltd to take after our inspection**

This inspection resulted in one requirement and one recommendation. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 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.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Surehaven Glasgow Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The service worked hard to meet the needs and expectations of patients and their relatives. Good systems were in place to gather patient and relative feedback to help make changes to continually improve how the service was delivered. A clear and accessible complaints process was in place.

Patients and their relatives told us they were very satisfied with the care and treatment, the environment and the way the service engaged and involved them.

Patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, so were subject to legal restrictions. However, staff involved patients and their families in their care and treatment whenever appropriate. Staff encouraged patients to attend their weekly multidisciplinary meetings, care plan reviews and Mental Health Tribunals for Scotland hearings. Relatives told us staff kept them informed of important updates and routinely invited them to care and treatment meetings, where appropriate. Patients and their relatives were kept informed of the risks and benefits associated with prescribed medicines.

Patients were encouraged to discuss what was important to them and what their interests were. This was so that staff could build realistic individualised care and treatment plans for them. These carefully balanced their needs and wishes along with their legal rights and detention status.

Patient care records showed that staff assessed patients’ mental capacity to consent in line with the relevant legislation and best practice. Staff supported patients with decision making and they recorded this effectively in the patient care records. Patients were encouraged to complete an advanced statement if
they wanted to. These allow people to write down how they would like to be treated if, in the future, they become too unwell to make decisions for themselves.

Patients told us that staff were respectful of their privacy and dignity, such as always knocking on their bedroom door before entering. They told us that staff were polite, respectful and supportive. We observed respectful interactions between patients and staff, where gentle encouragement and humour was used appropriately.

The service’s patient engagement strategy detailed the ways staff would support patients and listen to their ideas about how things could be done differently. Staff actively sought out patient views about how the service was run, as well as how their individual treatment needs were being met.

Staff facilitated weekly patient ‘community meetings’, where patients could express what was important to them. These meetings were documented with actions to be completed by staff. Minutes from these meetings showed the actions were routinely followed up.

Patients were encouraged to share their ideas of what the service could do to improve things, like suggesting different therapeutic and leisure activities they might like to participate in. We saw ‘You said, We did’ posters in communal areas of the ward detailing what staff had done after listening to patient feedback and suggestions. Examples of changes or initiatives introduced as a result of patient feedback included:

- access to more community sporting facilities such as the local tennis and golf club
- adopting a railway station garden, and
- additional cinema trips.

A monthly newsletter was also produced as a way of sharing information with patients. This was displayed on a patient noticeboard.

Patients were supported to achieve individualised therapeutic personal goals such as managing their own finances, developing their cooking skills and living healthier lives. We saw examples of patients achieving a healthy weight, stopping smoking and going out into the community after many years of being unable to do this before they came to the hospital. The service had negotiated highly discounted front row seats at local theatres, which patients were encouraged to make use of. We saw patients had chosen to attend a variety of productions including ballet, opera and pantomime.
The service sought regular feedback from patients’ relatives, such as sending them surveys and questionnaires. These were then analysed and used to inform how the service engaged with people. Relatives told us they were confident the care and treatment provided met their relatives’ needs and was instrumental in helping them to progress. Examples of comments included:

- ‘There should be a Surehaven in every city.’
- ‘My son was over-medicated before, but not here.’
- ‘Staff are very professional and approachable.’

We spoke with patients who were aware of their right to access independent advocacy services. We saw information posters advertising the independent advocacy service and the ‘patient rights’ meetings on the wards. These meetings shared information on legal advice and how to access advocacy services.

We also saw patient information about how to make a complaint, including how to contact Healthcare Improvement Scotland. Patients and their relatives told us they knew how to raise a concern and how to make a complaint. No-one we spoke with had had cause to raise a formal complaint. However, some told us that any issues they had raised with the service had been dealt with swiftly and effectively. We looked at examples of how the service had managed patient complaints. We saw that patients were written to explaining the outcome of the complaint investigation and informing them of their right to take the complaint further if they were not satisfied.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. A duty of candour policy was in place and the service had produced an annual duty of candour report stating that no incidents had triggered the need to act.

- No requirements.
- No recommendations.
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

A number of systems and processes were in place to ensure the care and environment was safe and met patients’ individual needs. This included all relevant policies, procedures and risk assessments. COVID-19 risks were continuing to be assessed to help prevent transmission. A refurbishment plan was in place with identified upgrades to some of the facilities planned.

The service is a low secure hospital, which means physical, procedural and relational security are important to keep patients, staff and the public safe. Risk assessments were in place to protect patients, visitors and staff covering the environment, safety and security. Suitable policies and procedures were in place to make sure the environment was safely managed. Each shift had a named member of staff who was responsible for carrying out environmental safety checks. Staff had access to personal alarms and radios to use if they needed assistance. Nurse call buttons were situated throughout the wards for patients to alert staff. We saw that each risk was reviewed on a regular basis and that all necessary action plans were in place. Staff understood patients well and were clear about professional boundaries.

The environment appeared safe and clean. While maintaining a suitable level of safety and security, the environment was comfortable and had a homely feel. The environment was mostly well maintained, and we saw refurbishment plans were in place for those areas requiring repair and maintenance work. A process was in place for maintenance staff to carry out any minor repairs. We saw relevant safety checks for fire safety, electrical safety, water management and lift maintenance. We saw enhanced cleaning schedules had been introduced since the COVID-19 pandemic.
As well as enhanced cleaning, the service had also introduced a number of other infection prevention and control measures. This included regular staff and patient testing for COVID-19, including temperature monitoring, access to personal protective equipment (such as disposable gloves, aprons and face masks) and alcohol-based hand rub.

Patients told us they got the help they needed, when they needed it. They said they felt safe at the hospital and relatives told us they were quickly informed if their relative had been involved in any safety incident.

Patients had access to a secure garden space, which they were able to use with staff support at regular intervals during the day. Decisions about leave arrangements outside of the hospital grounds were reviewed and agreed in the weekly multidisciplinary meeting.

An up-to-date managing challenging behaviours policy was in place. This promoted preventative strategies and staff training on how to deal with behaviours that challenge, as well as post-incident ‘debrief’ support. A system was in place for analysing all incidents involving physical intervention. We saw that staff had access to prevention and management of violence and aggression training.

We saw evidence of the service promoting the engagement and safety of patients through initiatives aimed at reducing behaviours that challenge and reducing physical interventions. The service use standardised risk assessment tools to predict violence and aggression and had introduced a new observation and engagement tool. This was being evaluated by staff, but early indications had shown a benefit for patients and an overall reduction in patient safety incidents.

An electronic system was in place for recording incidents. We saw records that showed these had been investigated thoroughly. Incident logs were kept and these were monitored every month and reviewed every 3 months to identify any learning to be taken forward. Whilst incident reviews highlighted an increase in restraint incidents, we saw the service had recognised and dealt with it effectively. Overall, however, we noted a consistent decline in the number of general incidents over the past year.

We saw a well-established programme of audits with accompanying action plans. This included infection prevention and control, patient care records, ligature points and an internal quality audit.
The service had suitable policies and procedures for identifying and managing safeguarding (public protection), including safe visiting arrangements for children. Staff knew what to do if they had any adult or child protection concerns.

A medicines management policy was in place and we saw evidence of safe procurement, storage, administration and disposal of medication. We saw processes in place for auditing medication stock and the completion of administration charts. We also saw a detailed policy, suitable medical equipment and medication for responding to emergencies.

**What needs to improve**

We saw that kitchen staff correctly labelled all food provided for individual patient use in the skills kitchen and patient kitchen refrigerators. However, no other food in the patient fridges was marked with a ‘date opened’ label. Food that is not stored correctly or is consumed beyond its use-by date can cause food poisoning illness (recommendation a).

The service had an ongoing COVID-19 risk assessment that addressed the service’s decision not to have staff wearing face masks. This was based on patient experience and the distress this could cause some patients. While the service had carefully considered the risks of this, the risk assessment suggested that face masks were not required to be worn where social distancing could be followed. During the inspection, we highlighted examples where this could be challenging such as where physical intervention may be required or during large team meetings. Managers acknowledged this and agreed that the risk assessment was continually reviewed and personal protective equipment was accessible in these instances. We will follow this up at future inspections.

We noted that the service’s refurbishment plan included installing new patient kitchens, replacing floors in dining areas and upgrading clinical hand wash basins to be compliant with current national guidance for sanitary fittings. We will follow up on progress with this at future inspections.

- No requirements.

**Recommendation a**

- The service should add a ‘date opened’ label to all food stored in patient fridges.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Regular multidisciplinary reviews took place with all patients. Care plans were person centred and reviewed regularly. Changes to a patient’s needs or presentation were communicated effectively among staff.

We reviewed six patient care records that showed all patients had received a thorough initial assessment on admission and a range of subsequent multidisciplinary assessments during their admission. These addressed patients’ personal needs such as occupational therapy and dietetics. Care plans had then been developed which were personalised to their individual needs and were regularly updated.

Notes were stored securely and the majority of patient care records reviewed were legible and signed appropriately by staff. We saw patient care record audits were carried out by senior nurses, with appropriate actions being taken if a gap in recording was identified.

Patient care was reviewed every week in the multidisciplinary meeting. Each of the different staff groups involved in a patient’s care, including occupational therapy, psychiatry, nursing and psychology, could provide updates on a patient’s progress. Patients had the opportunity to share their ‘wishes’ and ‘requests’ before their meeting. Although patients were encouraged to attend these meetings, we were told attendance varied. A process was in place for patients to be reviewed outside the multidisciplinary review if they had chosen not to attend.

Using an established care pathway framework, all patients had a review meeting that took place every 6 months to address their holistic needs. All patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, and appropriate legal consent and treatment documentation was in place.

Patients had a separate file with documentation and care plans about their physical health needs. A GP was available every week for any patients requiring review. We saw evidence of appropriate high dose antipsychotic monitoring and overall good processes in place for early identification and treatment of physical health needs.
A thorough communication process was in place among staff, including sharing updated information about a patient’s presentation, risks or care plan. Verbal handovers took place between each change of staff on shift. A written record was also available, including minutes from the weekly multidisciplinary meeting, where decisions and changes to a patient’s care take place. Any change to a patient’s risks was also reflected in their personalised risk assessment. We saw these risk assessments were frequently updated.

The majority of patients we spoke with spoke positively about their care. Patients had an opportunity to write ‘my story’ describing in their own words their experience and what helps in their recovery. This was stored in their patient care records for all staff to view.

■ No requirements.  
■ No recommendations.

**Domain 7 – Workforce management and support**  
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

An effective recruitment and induction process was in place. Staff had access to a range of essential training and development opportunities to support them to deliver safe, quality care. Managers had a proactive approach to workforce planning and staff were clearly valued.

A corporate human resources department effectively supported the service with the recruitment of new staff. We reviewed eight staff files and saw that, in line with current best practice guidelines, appropriate recruitment checks had been carried out. All newly recruited staff had a Disclosure Scotland Protection of Vulnerable Groups (PVG) background check and the service ensured an effective renewal process was in place for existing staff.

New staff were provided with a suitable induction programme, which covered both the healthcare environment and the specific patient group.

Managers acknowledged that recruitment of nurses and healthcare support workers was becoming more difficult each year. To make sure they could recruit and maintain staff with the right qualities and skills to provide a safe and
effective service, managers took a proactive approach to workforce planning, continually changing the way they recruited and supported staff.

The service clearly valued its staff. Staff told us the service manager had been particularly supportive in enabling them to develop new skills and to consider how they could progress with their career, even if they had to leave the hospital to take up a university placement or a promotion elsewhere. Examples shared with us included staff leaving to take up places on higher education courses such as nursing and social work, while sometimes continuing to work occasional shifts at the hospital. We saw that staff were supported to achieve Scottish Vocational Qualifications (SVQs) and were encouraged to develop their skills and experience so they could apply for career progression opportunities.

The service had an effective process in place to ensure staff’s professional registration was checked. Staff were provided with routine reminder letters to let them know in advance that their registration was due for renewal. The service informed Disclosure Scotland when staff left its employment. Managers understood under what circumstances they would be required to inform Disclosure Scotland and Healthcare Improvement Scotland if staff were dismissed from their employment.

Staff told us they received regular one-to-one supervision from a more senior member of the team. This provided them with an opportunity to discuss any concerns they may have and any support they may require in their role. Supervision paperwork was securely stored in staff files.

Staff received an annual appraisal to review and consider their ongoing training and development needs, along with their career aspirations. The service provided staff with a wide range of generic and specialist training to support them in their roles.

Managers monitored staff training compliance rates and a service-wide training plan was in place. The service was responsive to changing patient and staff need, providing new and specialist training to address this.

Staff we spoke with were clear about their roles, responsibilities and accountabilities. Staff and students we spoke with were fully engaged in their roles and committed to doing the best job they could to deliver safe, quality care for patients.
The service provided staff with individual access to onsite psychological counselling and support as well as a formal employee assistance programme. The service also provided staff with weekly mindfulness sessions. The provider had recently become an Employee Owned Trust and, as a consequence, all staff had received a cash bonus.

- 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**

A clear governance structure was in place and the service demonstrated a constructive and person-centred approach to improving the quality of the care it provided. Managers were visible, and staff found them approachable and supportive. The service acted quickly on outcomes from incidents and audits.

The service demonstrated a person-centred approach to delivering care and treatment. A quality improvement plan was in place and the service had implemented a number of different quality improvement activities and initiatives. The service had also reviewed itself against Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) standards and amended its infection prevention and control policy and audit programme as a result.

A clear governance process was in place and the provider was in regular contact with the service manager about operational issues. The provider’s compliance team visited the service regularly to offer additional support and guidance. A clinical governance meeting took place every month and we saw recent agendas and minutes showing operational issues being discussed such as incidents and audit results. We also saw minutes of ward meetings carried out by the ward manager where this information was discussed with ward staff.

Both staff and patients were confident they could approach senior managers with any issues and felt listened to. We saw evidence of issues being discussed at weekly ward meetings between staff and patients, resulting in action being taken quickly to resolve most issues raised. Examples included repairs, changes to menu choices and requests for leave.

Results from the 2021 ‘Your View’ staff survey showed that all staff who had participated in the survey felt supported by their line manager and the vast majority felt good about coming to work. Although about a third said they had
not received any recent training that had helped them in their role, we could see that this was largely due to the pandemic. Staff had been updated on the results of the survey and an action plan had been developed to address areas for improvement. This included more in-house training being delivered on topics such as new patient behaviour assessment tools.

Staff we observed and spoke with worked well together as a team. They told us that the senior leadership team was approachable and frequently visible in the wards. Staff also told us they enjoyed working for the service and felt valued, respected and fully supported by their colleagues and managers. They said they had confidence to speak with management if they needed to raise issues or concerns. Numerous staff told us their managers were easily accessible and commented on the ‘open door policy’. From observing staff and management interactions, we saw this to be the case. Staff had access to a confidential whistleblowing line and an employee suggestion scheme. Whistleblowing concerns were investigated and any suggestions were dealt with by the provider’s executive team.

A staff recognition programme was in place, which included an ‘employee of the month’ award. Staff could be nominated for this by colleagues, management, patients and carers. ‘Champion’ roles were in place, such as a patients’ rights champion and an infection prevention and control champion. This provided an opportunity for staff to develop autonomy and leadership skills while supporting the service’s delivery of care and support for patients.

The service had received a gold award from Public Health Scotland’s ‘Healthy Working Lives’ programme for 6 consecutive years. This encourages organisations to consider the health, safety and wellbeing of its staff.

The service was part of Scotland’s national Forensic Network. This network overviews processes for determining the most effective care for mentally disordered offenders, considers wider issues surrounding patient pathways and aligns strategic planning across Scotland. The service told us that being part of the network allowed them to access specialist advice, training and benchmarking opportunities.

A written risk register had been developed that detailed the key operational risks to the service. This document was regularly reviewed and updated as part of the provider’s ongoing risk governance system. The information in the risk register was shared operationally with the provider’s corporate leadership team.
What needs to improve
The service had recently experienced some patient incidents that involved assaults on staff, reports to the police and staff injuries requiring hospital treatment. These events or circumstances were not notified to Healthcare Improvement Scotland, as required (requirement 1).

Requirement 1 – Timescale: immediate
- The provider must ensure that all notifiable incidents, events and specific circumstances are notified to Healthcare Improvement Scotland as required.
- 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.

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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>a The service should add a ‘date opened’ label to all food stored in patient fridges (see page 13).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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<tr>
<td><strong>Requirement</strong></td>
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<td>1 The provider must ensure that all notifiable incidents, events and specific circumstances are notified to Healthcare Improvement Scotland as required (see page 20).</td>
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Timescale – immediate

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

<table>
<thead>
<tr>
<th><strong>Recommendation</strong></th>
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<td>None</td>
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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](mailto:his.ihcregulation@nhs.scot)