Unannounced Inspection Report: Independent Healthcare

Service: Cygnet Wallace Hospital, Dundee
Service Provider: Cygnet (OE) Limited

1–2 March 2022
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Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 18 August 2020

Requirement 1
The provider must ensure that staff are able to carry out hand hygiene at the point of care.

Action taken
Staff were able to carry out hand hygiene at the point of care. We found that alcohol-based hand rub dispensers were available in the corridor and all staff had personal hand gel bottles. This requirement is met.

Requirement 2
The provider must ensure that all agency staff receive appropriate education and training in COVID-19 risks and the necessary control measures.

Action taken
Agency staff received COVID-19 education and training from the agency before working in the service and were able to demonstrate this to the provider. This requirement is met.

Requirement 3
The provider must ensure its infection prevention and control policy is in line with Scottish guidance, in particular Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (2015) and Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
The infection prevention control policy was not updated in line with Health Protection Scotland’s National Infection Prevention and Control Manual. This requirement is not met (see requirement 1).
What the service had done to meet the recommendations we made at our last inspection on 18 August 2020

Recommendation
*The service should ensure that any system used to manage access to the building and ward during the pandemic is reliable and effective.*

Action taken
The service’s system for managing access to the building was reliable and effective. Patients completed a sign-in sheet and a wall-mounted infrared thermometer measured the temperature of visiting members of staff and relatives.

Recommendation
*The service should ensure that all staff, including agency staff, have access to, and can demonstrate competence in, use of the electronic clinical information system.*

Action taken
This recommendation is not met and is reported in Quality Indicator 5.2 (see recommendation h).

Recommendation
*The service should ensure that all agency staff have a period of induction in the service and that this is recorded.*

Action taken
This recommendation is not met and is reported on in Quality Indicator 7.1 (see recommendation m)

Recommendation
*The service should consider how best to obtain staff views and contribute to the development of the service.*

Action taken
This recommendation is not met and is reported in Quality Indicator 7.1 (see recommendation n)
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 Cygnet Wallace Hospital on Tuesday 1 and Wednesday 2 March 2022. We spoke with a number of staff and three patients during the inspection and one relative.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Cygnet Wallace 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 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients are regularly assessed and care plans adapted to changing needs. Bank and agency staff should have access to the service’s electronic systems. Audit results and completed actions should be shared with staff. Handover documentation should be fully completed to identify roles of staff during the shift.</td>
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<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Best practice guidelines for recruitment of new staff are followed and staff pre-employment checks had been completed. Development opportunities are available for staff. High vacancy rates in the nursing team had a negative impact on staff and patients. Staff should be given regular supervision. Staff inductions should be</td>
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clearly recorded. Wider staff group members should be involved in service improvements.

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: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality.framework.aspx

What action we expect Cygnet (OE) Limited to take after our inspection

This inspection resulted in two requirements and 15 recommendations. 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

Cygnet (OE) Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Cygnet Wallace 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

Patient care plans are person-centred and a variety of activities are available. Patients are supported to stay in touch with families and relatives. Patients and their relatives can be involved in care-planning. Patient involvement in service improvement was low. Communication with patients should be improved and complaints information should be reviewed and updated.

Patients’ individual needs were assessed and the multidisciplinary team developed person-centred care plans with them. Staff encouraged patients to be involved in their care planning to express their views about what was important to them and what they felt was working well or not so well.

Patients were encouraged to contribute to meetings about their care and to attend care planning and review meetings in person, with support if needed. For patients who were unwilling to attend, nursing staff supported them to add their reflections about their care and progress.

Where appropriate, relatives were involved in developing a patient’s care plan and encouraged to attend review meetings. A relative we spoke with told us they had been able to look round the hospital with the patient, before their admission, and were invited to attend care plan review meetings.

Depending on individual risk assessments, staff supported patients to personalise their bedrooms with items of their choice. Developing creative interests, such as new hobbies and accessing local community resources like shops and leisure facilities was encouraged and supported.

Patients were supported to develop and take part in meaningful activity plans based on their interests and individual goals. They could take part in a number
of group activities, such as yoga and gardening as well as their individually-programmed activities.

We saw that staff understood patients well and were able to support them to safely self-soothe when necessary. ‘Self-soothing’ refers to any behaviour an individual uses to regulate their emotional state by themselves. Self-soothing behaviours are commonly seen in people with diagnoses such as anxiety, autism spectrum disorder, depression and complex trauma. The service had a range of multidisciplinary professionals to support the nursing team. The speech and language therapist supported staff and patients to learn Makaton and the occupational therapist supported patients to develop individual sensory processing care plans. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate. Sensory processing is the way that our brain sorts out sensory information so we understand the world and can manage our everyday life. Some patients had sensory processing and communication difficulties, so this specialist help was key for them.

The provider had a national patient engagement strategy, this aimed to involve and listen to patients. The service had so far implemented some of the strategy. For example, the national ‘Expert By Experience’ lead had visited the service and met with patients to understand their experience of the hospital during the COVID-19 pandemic. An expert by experience is a person with lived experience of using services or caring for someone who has used or is using services.

Patients and a relative we spoke with told us that staff were polite, respectful and supportive. Patients told us that staff respected their privacy and dignity in a variety of ways, such as knocking on their bedroom door before entering and they got the help they needed from staff, when they needed it. We observed respectful interactions between patients and staff and a relative we spoke with told us:

- ‘They automatically know what [my relative] wants and they do it right away.’
- ‘Staff keep [my relative] in a happy place.’

The service held weekly meetings on the ward for patients and staff to talk about patient experience and what could be improved. Patients could also attend these ‘community meetings’ and raise issues. Minutes of the meetings were in an easy-read format and displayed on the patient noticeboard.

We saw examples of improvements the service had made based on patient and family feedback, which included the introduction of a visitor room.
In response to patient complaints about the menu, kitchen staff had recently held food-tasting sessions so patients could rate potential new menu options. While the service held no records of the event, patients had told staff they would like more changes to the menu since the tasting sessions had been held, so staff were planning to hold another session soon.

When it had been assessed as a personalised goal, the service provided a shopping allowance and staff support to help patients develop confidence and experience in self-catering and budgeting. This gave patients more choice and control over their meals while supporting them to move toward independent living.

The service supported patients to keep in touch with their families and visit them, where possible. Patients had access to transport as well as care and support while away from the hospital. Information on the provider’s website about the service included pictures of the environment and sources of support for patient families and carers.

The service commissioned an independent advocacy programme and supported patients to access an advocate if they needed help to express their views.

Patients we spoke with knew how to raise a concern and complaint with staff. Patient noticeboards displayed information in easy-read format so patients knew how to make a complaint and how to get support from the independent advocacy service.

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. The service had produced a yearly duty of candour report stating that no incidents had triggered the need to act.

**What needs to improve**

From minutes of weekly patient community meetings, we found some themes in the issues raised, including:

- patient dissatisfaction with poor communication from staff
- staff shortages, and
- high staff turnover.

We saw limited evidence of formal engagement with patients and relatives to help identify possible service improvements. We saw no evidence of relatives being encouraged to complete a satisfaction survey about how they experienced the service. One relative was not aware the service had appointed
a new manager. The service did not share what actions had been taken to address issues raised from patient feedback. We found that patients were left feeling angry and frustrated because they felt unheard. Patients were not involved in staff recruitment or training. We saw no evidence of patient involvement in the provider’s ‘People’s Council’, where patients can be involved at every level of the organisation to influence senior management actions (recommendation a).

Patient information posters explained how to make a complaint to the service. However, they did not inform patients that they could raise a complaint with Healthcare Improvement Scotland and the information showed details of every UK regulatory body, which could be confusing for some patients. The service could review and simplify the information they provide for patients. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- The service should review how it implements the patient participation policy so that patients and their relatives feel heard.
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

Care and the environment was generally safe and met individual patient needs. A refurbishment plan is in place and identifies planned upgrades to some of the facilities. Handover documentation should be fully completed to identify roles of staff during the shift. Environmental risks should be addressed effectively.

The environment was clean and we saw cleaning schedules had been introduced since the COVID-19 pandemic. The environment was mostly well maintained and refurbishment plans were in place for repair and maintenance work needed. A process was in place for maintenance staff to carry out any minor repairs. We saw relevant safety checks for:

- electrical safety
- fire safety
- lift maintenance, and
- water management.

As well as cleaning, the service had introduced other infection prevention and control measures which included access to personal protective equipment and regular staff and patient testing for COVID-19.

A relative told us that they regularly observed staff following good hand hygiene measures.

Patients we observed were comfortable asking for, and receiving support from the nursing team and members of the multidisciplinary team. A relative we spoke with told us their family member felt safe in the service and had a lot of specialist equipment to help keep them safe and meet their needs.
An up-to-date policy for managing challenging behaviours was in place and a system was in place for analysing all incidents involving physical intervention. We saw that 82% of staff had completed management of actual and potential aggression training which provided staff with the skills to identify preventive approaches, verbal de-escalation and reduce the risk of physical injuries to staff and patients.

An electronic system was in place for recording incidents. A risk register was in place. From minutes of the senior management team and clinical governance meetings, we saw that all reported incidents were reviewed and action plans were implemented if required.

Staff used personal alarms when they needed assistance. Patients could use nurse-call buttons in the wards to alert staff. We saw the staff and patient alarm system working effectively and staff responded to requests for assistance quickly. Risk assessments were in place to protect patients, visitors and staff which covered the environment, safety and security. We saw that each risk was regularly reviewed and action plans were in place for them.

The service’s programme of audits included audits for:

- infection prevention and control
- ligature points
- medication
- patient care records, and
- quality of service provided.

We saw records that showed the water, alarm and electrical checks were regularly carried out.

The service’s complaints policy detailed how complaints could be made and how they would be investigated. The policy also stated that complaints could be made to Healthcare Improvement Scotland at any point and included our contact details.

The service had suitable policies and procedures in place for identifying and managing safeguarding (public protection). Staff knew what to do if they had any adult protection concerns. We saw a suitable policy and procedure in place for accompanied child visits to the service.

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**

The infection prevention control policy had not been updated in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. This was reported in the previous inspection report (requirement 1).

We found that the emergency resuscitation bag was not checked in line with the service’s policy (requirement 2).

While the service was generally clean, we did not see any evidence that clinical hand wash basins were cleaned with 1000ppm chlorine solution in line with national guidance (recommendation b).

In the treatment room, we found that some drawers containing patient care equipment were cluttered. The service should remove all surplus supplies from these drawers (recommendation c).

Stock levels and entries about the administration of controlled medication in the controlled drug medication book were accurately recorded. However, the front cover sheet which contained the page number of the recording book was not kept up to date (recommendation d).

A system was in place for analysing all incidents involving physical intervention. However, the post-incident ‘de-brief’ support was not completed as staff were too busy to attend (recommendation e).

Verbal and written handovers were given between shifts. The handover document included a part to record which staff members were the:

- identified medication key holder
- fire warden, and
- first aider or immediate life support-trained staff member.

However, when we reviewed the handover document, we saw this was not completed and staff were unaware (recommendation g).

Some patients we spoke with thought the service did not have enough communal space for them to carry out activities effectively. Management staff acknowledged the problem and planned to reconfigure the building to address it.
Requirement 1 - Timescale: immediate

- The provider must ensure its infection prevention and control policy is in line with Scottish guidance, in particular Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual*.

Requirement 2 – Timescale: immediate

- The provider must ensure that all emergency equipment is checked regularly.

Recommendation b

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Recommendation c

- The service should ensure that all surplus supplies are removed from drawers in the treatment room.

Recommendation d

- The service should ensure that the front page of the controlled drug register is kept up to date.

Recommendation e

- The service should offer staff the opportunity to attend de-briefs following incidents.

Recommendation f

- Staff should be identified for key roles, such as fire warden and immediate life support response for each shift and document this suitably.
Quality indicator 5.2 - Assessment and management of people experiencing care

Patients are regularly assessed and care plans adapted to changing needs. Bank and agency staff should have access to the service’s electronic systems. Audit results and completed actions should be shared with staff. Handover documentation should be fully completed to identify roles of staff during the shift.

The multidisciplinary team reviewed all patients monthly or a required, considering their individual needs and setting realistic goals. The multidisciplinary team is made up of staff from:

- nursing
- occupational therapy
- psychiatry
- psychology, and
- speech and language therapy.

We reviewed six patient care records and saw evidence of up-to-date assessments and care planning with patient involvement, where possible. Risk assessments were carried out daily for all patients. A ‘traffic light’ system was in use, which indicated the level of risk a patient may pose to themselves or others around them. Interventions from risk assessments in place included the removal of harmful objects and observation levels outlining how often a staff member was with a patient.

The multidisciplinary team had a daily morning meeting to discuss:

- patients’ daily risk assessments
- any interventions required
- any incidents
- changes in patients’ presentation, and
- planned activities.

All patients were reviewed under the ‘Care Programme Approach’ every 6 months. This framework involves the patient, their family and all involved professionals in their care, including community professionals not working at the hospital. All patients were detained under the Mental Health (Care and
Treatment) (Scotland) Act 2003. Appropriate legal consent and treatment documentation was in place for all patients. Consent and capacity to consent was assessed in line with relevant legislation and best practice.

We saw evidence of a patient care record audit carried out. Findings from the audit showed the majority of notes were mostly up to date and included all relevant information. The audit included brief action plans.

**What needs to improve**

The nursing team developed a summary for the multidisciplinary team reviews. However, due to staffing shortages and agency staff not having access to the electronic system we saw inconsistencies in how frequently the summary was completed. Bank and agency staff on duty at the time of inspection did not have access to the electronic care record system (recommendation g).

While the service carried out a patient care record audit, it was unclear how findings and actions taken to address issues found were shared with staff (recommendation h).

We reviewed patient care records where the patients had been nursed on general observation levels and staff checked on them hourly. While the majority of the patient care records were completed, the nurse in charge had not signed to confirm they had reviewed them at the end of their shift as per service policy (recommendation i).

The psychiatry team assessed patients’ physical health needs and GP reviews were accessible if required. From speaking to staff and reviewing physical observation records for patients, it was not always clear whether patients received additional physical health monitoring such as pulse and blood pressure. It should be clearly indicated how often a patient requires physical health monitoring and the reasons for this, such as taking high doses of anti-psychotic medications (recommendation j).

We saw appropriate information security for the electronic patient care records and those stored in the nursing office. However, some patient observation record files were found in corridors outside patient bedrooms. The files included personal details about the patient and staff recordings of the observations carried out (recommendation k).

- No requirements.
Recommendation g
- The service should ensure that all staff, including agency staff, have access to, and can demonstrate competence in, use of the electronic clinical information system.

Recommendation h
- The service should ensure that audit findings are communicated to staff and action plans clearly show when they have been completed.

Recommendation i
- Observation records should be completed in full, including end-of-shift sign off from the nurse in charge in line with service policy.

Recommendation j
- The service should ensure it is clearly indicated how frequently a patient requires physical health monitoring and the reasons for this.

Recommendation k
- The service should ensure that all confidential patient care records are stored appropriately in line with information governance policy.

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

Best practice guidelines for recruitment of new staff are followed and staff pre-employment checks had been completed. Development opportunities are available for staff. High vacancy rates in the nursing team had a negative impact on staff and patients. Staff should be given regular supervision. Staff inductions should be clearly recorded. Wider staff group members should be involved in service improvements.

We reviewed eight staff files and saw that appropriate identity checks, references and Disclosure Scotland Protecting Vulnerable Groups (PVG) checks had been carried out. We saw digital and paper evidence that the provider and
service followed the best practice recruitment guidance, Scottish Executive's Safer recruitment through better recruitment (2016).

The service kept records and sent reminders to staff before their revalidation due dates. The service supported staff with a contribution toward their registration renewal costs. Revalidation is a process where clinical staff need to regularly evidence their ongoing post-qualification competencies and training with a professional body, such as the General Medical Council (GMC) or the Health and Care Professions Council (HCPC).

The multidisciplinary team had developed a new face-to-face induction programme and planned to deliver it to all of the provider’s new and recently-employed staff across Scotland. The programme covered each specialism working in the service. Staff we spoke with felt the new training would be very useful.

Staff had development opportunities available and the service had introduced new roles to support patient care and staff development, such as assistant psychologists. To be less reliant on agency staff to fill rota vacancies, the service planned to arrange a higher pay rate to encourage existing support workers to cover extra shifts.

Senior members of each team supervised staff of all levels and grades in their team to support them in their roles. Yearly appraisals were carried out for all staff.

Managers had access to a digital training record so they knew when staff were supposed to complete yearly refresher training modules for their role. We looked at the training record and saw very good compliance levels with mandatory training.

Staff we spoke with were clear about their roles and responsibilities. The multidisciplinary team was committed to supporting the development of a stable nursing team. The provider had supported the service to recruit three overseas nurses to fill long term vacant posts.

The service had recruited a relatively new but very experienced multidisciplinary team since the last inspection, all of whom were committed to bringing about improvements for patients and staff in the service.

**What needs to improve**

We spoke with several staff during our inspection and found that new staff completed an induction period and a range of e-learning and face-to-face training programmes before working unsupervised on the ward. However,
Managers could not find any completed staff induction workbooks to show that staff had successfully completed their induction (recommendation l).

We saw little evidence to show the service engaged with staff of all roles and grades to gather their views about how best to improve the service (recommendation m).

Some staff were not provided with role-based supervision in line with the service’s supervision policy (recommendation n).

The service had experienced long periods of staff shortages with vacancies for nurses and support workers. Staff we spoke with felt a negative impact from this. We will follow this up at future inspections.

No requirements.

**Recommendation l**

- The service should ensure that all staff, including temporary and agency staff, receive a suitable induction before working in the hospital and this is clearly documented.

**Recommendation m**

- The service should ensure that it engages effectively with staff so they are meaningfully involved in developing and improving the service.

**Recommendation n**

- The service should ensure that staff of all roles and grades are provided with regular supervision to support them in their roles.
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 detailed and clear improvement plan is in place. An efficient clinical governance system is in place for the senior management team. Communication with ward staff should be improved and regular staff meetings should be reintroduced.

The majority of staff we spoke with were aware of recent changes in the management team and told us senior leaders were approachable and visible.

We saw evidence that senior members of the multidisciplinary team attended a monthly clinical governance meeting. This monthly meeting included discussions about incident reviews, analysis and trends. This is shared at a regional meeting held every 3 months to compare service activity and share learning.

The service had a quality improvement plan in place with an ‘overarching local action plan’ (OLAP). We reviewed the OLAP and could see examples of improvements made. For example, a large traffic light system menu board had been introduced in the dining room showing the nutritional value in food groups. This was to help with patients’ nutritional needs and the service measured the impact of the improvement through feedback in the patient community meetings.

We saw evidence of the provider’s quality strategy and quality improvement framework informing the service’s quality improvement plan. While the service planned to involve patients to identify quality improvement ideas in community meetings, no contributions had been made at the time of our inspection.
An external contractor carried out a yearly staff survey and the service had an action plan in place based on the results. Results from the most recent survey showed that staff were passionate about patient care and recovery.

The provider’s intranet (local communications network) provided staff with information on:

- the latest provider engagement strategies
- quality improvement plans
- multicultural network
- information on how to raise concerns, and
- the process for nominating staff for staff recognition awards.

The provider held a psychiatrists conference and award ceremony in 2021. A member of the service’s team was nominated and reached the final selection.

Staff recognition awards were advertised on the service’s intranet and we were told communication emails were sent to all staff.

Staff had access to employee benefits, such as a confidential helpline and staff discount programme. The provider made sure that staff received the equivalent financial bonus as Scotland NHS employees received, in recognition of their commitment to patients during the initial stages of the COVID-19 pandemic.

The provider’s regional quality assurance manager role had been vacant for several years but had been filled recently. A quality review had been completed before we carried out this inspection but the outcomes of the review were had not been finalised when we carried out this inspection.

**What needs to improve**

While we saw a well-established clinical governance system for senior management staff, we found a gap in communication with clinical ward staff. We saw no evidence of recent staff meetings. Meetings did not have an agenda, minutes or actions recorded and were held at times when clinical staff could not easily attend (recommendation 0).

Some policies referred to English legislation and the English regulatory body. All policies implemented in the service must be in line with Scottish legislation and reference Healthcare Improvement Scotland as the regulatory body. We will follow this up at future inspections.
No requirements.

**Recommendation**

- The service should reintroduce staff meetings with an agenda, minutes, actions recorded and be held at a time which would maximise attendance.
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.

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

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<th>Recommendation</th>
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<td>a The service should review how it implements the patient participation policy so that patients and their relatives feel heard (see page 12).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

1. The provider must ensure its infection prevention and control policy is in line with Scottish guidance, in particular Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (2015) and Health Protection Scotland’s *National Infection Prevention and Control Manual* (see page 16).

   Timescale – immediate

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

   This was previously identified as a requirement in the August 2020 inspection report for Cygnet Wallace Hospital.

2. The provider must ensure that all emergency equipment is checked regularly (see page 16).

   Timescale – immediate

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

### Recommendations

b. The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 16).

   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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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)</strong></td>
<td>Health and Social Care Standards: My support, my life I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
</tr>
<tr>
<td><strong>d</strong></td>
<td>The service should ensure that the front page of the controlled drug register is kept up to date (see page 16).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>The service should offer staff the opportunity to attend de-briefs following incidents (see page 16).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>Staff should be identified for key roles, such as fire warden and immediate life support response for each shift and document this suitably (see page 16).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
<tr>
<td><strong>g</strong></td>
<td>The service should ensure that all staff, including agency staff, have access to, and can demonstrate competence in, use of the electronic clinical information system (see page 19).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23</td>
</tr>
<tr>
<td><strong>h</strong></td>
<td>The service should ensure that audit findings are communicated to staff and action plans clearly show when they have been completed (see page 19).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
<tr>
<td><strong>i</strong></td>
<td>Observation records should be completed in full, including end-of-shift sign off from the nurse in charge in line with service policy (see page 19).</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>j</th>
<th>The service should ensure it is clearly indicated how frequently a patient requires physical health monitoring and the reasons for this (see page 19).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>k</th>
<th>The service should ensure that all confidential patient care records are stored appropriately in line with information governance policy (see page 19).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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</tbody>
</table>

### Domain 7 – Workforce management and support

**Requirements**

- None

**Recommendations**

<table>
<thead>
<tr>
<th>l</th>
<th>The service should ensure that all staff, including temporary and agency staff, receive a suitable induction before working in the hospital and this is clearly documented (see page 21).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>m</th>
<th>The service should ensure that it engages effectively with staff so they are meaningfully involved in developing and improving the service (see page 21).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23</td>
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</table>

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<thead>
<tr>
<th>n</th>
<th>The service should ensure that staff of all roles and grades are provided with regular supervision to support them in their roles (see page 21).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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</table>
## Domain 9 – Quality improvement-focused leadership

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

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>- The service should reintroduce staff meetings with an agenda, minutes, actions recorded and be held at a time which would maximise attendance (see page 24).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
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](http://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](http://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)