

Unannounced Inspection Report: Independent Healthcare

Graham Anderson House | The Disabilities Trust | Glasgow

17–18 February 2015

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1 A summary of our inspection

About the service we inspected

Graham Anderson House, Glasgow, is a specialist assessment and rehabilitation hospital for people with a non-progressive acquired brain injury. It forms part of the network of specialist rehabilitation centres provided by the Brain Injury Rehabilitation Trust, with the registered provider as the Disabilities Trust.

The service states that it 'specialises in the assessment and rehabilitation of people who are experiencing behavioural disorders following a brain injury. Individuals may also have severe cognitive, physical and/or emotional problems including verbal and physical aggression, impaired social functioning, disinhibited behaviours and neuropsychiatric symptoms.' Their goal is to enable service users to function as independently as possible, develop their lives as they choose and participate in the wider community.

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

Grades may change after this inspection due to other regulatory activity, for example if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

We carried out an unannounced inspection to Graham Anderson House on Tuesday 17–Wednesday 18 February 2015.

The inspection team was made up of: two inspectors, Karen Malloch and Sarah Gill; a project officer, Ross McFarlane; and a public partner, Gerry MacKay. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (requirements as to independent healthcare services) regulations and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 4 - Good

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

Quality Theme 2 – Quality of environment: 4 - Good

Quality Theme 3 – Quality of staffing: 5 - Very good

Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for Graham Anderson House can be found in Appendix 2 and more information about grading can be found in Appendix 4.

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

- the annual return
- any notifications of significant events
- complaints activity, and
- the previous inspection report of 11–12 March 2014.

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

- accident and incident reports
- action plans
- audits and surveys
- cleaning schedules
- complaints records
- information brochures
- maintenance records
- minutes of meetings
- care records for people who use the service
- policies and procedures
- staff files
- staff duty rosters, and
- staff training file.

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

- an assistant psychologist
- housekeeping staff
- maintenance staff
- a consultant neuropsychologist
- nine people who use the service
- nursing staff
- an occupational therapist
- the quality co-ordinator
- reception/admin staff
- rehabilitation support workers
- the speech and language therapist, and
- the registered manager.

We inspected the following areas:

- a sample of service user bedrooms
- external gardens and the smoking area
- the sluice
- storage areas
- the inpatient wards
- the reception area, and
- the family room.

What the service did well

We noted areas where the service was performing well.

- The service involved service users in recruiting its staff.
- The service had good systems in place to monitor and improve the quality of its care.
- The service had a multidisciplinary-team approach to care.

What the service could do better

We did find that improvement was needed in the following areas:

- the service's discharge planning coordination, and
- the external garden areas for service users.

This inspection resulted in six recommendations. See Appendix 1 for a full list of the recommendations.

We would like to thank all staff at Graham Anderson House for their assistance during the inspection.

2 Progress since last inspection

No requirements or recommendations were made at our last inspection on 11–12 March 2014.

3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.1

We ensure that service users and carers participate in assessing and improving the quality of information provided by the service.

Grade awarded for this statement: 4 - Good

The information provided in Quality Statement 1.1 is also relevant here.

Service users and families could use a variety of methods to provide feedback.

Service users were given written information to help them decide if the service was right for them. The speech and language therapist had recently started working with a service user to review some of this information. We will check progress with this review at a future inspection.

Area for improvement

Evidence of service users' and carers' feedback being used to assess and improve the quality of the service's information was not available during our inspection. For example, staff told us that corporate leaflets were produced with service user input, but this may have been some time ago and could not be verified.

The questionnaires used to gather feedback from service users and families did not ask any questions about satisfaction with information provided. Questions asking service users or their families to rate the quality of information provided by the service could be included. Asking for these comments on specific types of information, such as verbal, written or information provided on the service's website, could also make the feedback more useful.

The service manager had developed a local questionnaire which did ask for feedback about the quality of information provided by the service. However, this had not been used in the last year. If this was used more often, it may provide some valuable feedback about the quality of the service's information.

- No requirements.
- No recommendations.

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

The hospital had a website where service users and their families could find information on various aspects of the service including:

- assessment
- clinical practice and team
- referral and admission criteria
- rehabilitation, and
- the therapy programme.

Service users could also download a patient information booklet written by the Brain Injury Rehabilitation Trust (BIRT).

Information for professionals, describing the referral process and services offered, was also available.

The website had a screen reader. This allowed people to increase the size of text and convert information from text to speech. The website could also translate information into a number of languages.

Noticeboards at the reception entrance displayed information about the service for people visiting, including how to make a complaint. A range of other information leaflets were also kept at reception, such as health information about aspects of brain injury, including managing finances and communication.

Service users were given a service user and carer handbook. This contained helpful information about:

- what to bring when being admitted to the hospital
- financial information
- visiting arrangements, and
- advocacy.

Service users and their families had the opportunity to see the service and ask questions before they stay at the service through pre-admission visits.

Service users and their families were also invited to attend the unit before admission for a day as part of the 'BIRT experience'. During this, they:

- experience the rehabilitation programme
- have a meal, and
- chat with staff and other service users.

Service user meetings were held twice a week. These meetings allowed service users to hear information and updates about services and issues that may affect them.

Areas for improvement

Some information on the website was out of date. For example, the previous inspection report was from 2010, and reports from the Mental Welfare Commission were 5 years old. It would be good practice to make sure information about the service is up to date so stakeholders can tell how the service was performing. The manager told us that the website was being updated (see recommendation a).

We were told there was a range of service user rules and saw some rules written in the handbook. However, we found a noticeboard which included a description of what would happen if certain behaviours were seen in the lounge, which were not in the handbook. Although we were told that this referred to one service user's management plan, it could be confusing for other service users. A review of house rules and how this information is provided to service users may be beneficial.

The chief executive's blog was displayed on a noticeboard in an effort to share the information with service users. However, this blog was no longer being published. The heading on the noticeboard remained and could be potentially confusing for service users and staff. Ensuring that noticeboards stay up to date is important to help promote communication between service users, families and the service provider.

- No requirements.

Recommendation a

- We recommend that the service should update the website to ensure information and reports about the service are up to date.

Quality Theme 1 – Quality of care and support

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 5 - Very good

The information provided here is also relevant for Quality Statements 0.1, 2.1, 3.1 and 4.1.

We looked at the service user participation policy and procedure dated November 2013. This policy set out the aims for service user involvement and listed a variety of methods that could be used to demonstrate involvement. These included:

- comment or suggestion boxes
- meetings of the service user forum
- an annual service user satisfaction survey
- supporting and responding to service users who wished to complain, and
- supporting service users to use advocacy services, if needed.

We saw comment or suggestion boxes in prominent positions in the hospital. Leaflets and posters were also displayed to encourage service users and families to give feedback on any aspect of the service.

The minutes of the service user forum were displayed on the noticeboard in the main lounge. Staff told us changes had been made to this group to encourage small group meetings and rotate attendance to give everyone a say as far as possible. From the minutes of the meetings, we saw standing items on the agenda encouraged service users to feed back about:

- meals
- activities
- environment and cleanliness, and
- staffing.

If service users raised any issues, updates were given at the next meeting.

During our inspection, the annual satisfaction survey was still being compiled. The manager and divisional manager had used seven family questionnaires and eight service user questionnaires to carry out a review. The questionnaires had been returned in late 2014. An action plan was being developed based on this feedback.

Service users could raise any issues during the weekly review with their key worker or the monthly preparation chat for the clinical team meeting.

Before this meeting, a short questionnaire was used to ask the service user if:

- they were happy at Graham Anderson House
- they were pleased with their progress with rehabilitation so far
- they were happy with the programme of activities, and
- there was anything that they would like to change.

This questionnaire had been adapted into an easy-read format to help service users with cognitive impairment use it more easily.

There were large noticeboards available to display information about events and meetings.

Families and friends could attend a support group on the second Tuesday of every month. This group aimed to provide interesting speakers and opportunities to ask questions.

We saw a very good example of communication between staff and families using a communication log book. Some families had used this and staff felt it was proving a very useful way to communicate.

Areas for improvement

Collated views and comments could be more clearly displayed in a 'You said, We did' format. If displayed publicly using noticeboards and the website, it would more clearly demonstrate that feedback was acted on and changes were made as a result.

A small number of families had commented that communication between them and staff could be better. Staff told us that a rehabilitation folder used to be kept in service users'

bedrooms. This set out the goals being worked on and progress made at group sessions and with specific members of the multidisciplinary team. These folders could be a helpful way to share information and communicate with service users' families. Staff showed us an example of the folder and told us the service planned to reintroduce them.

Staff told us that some families preferred communication by email rather than by phone. The preference for communication and contact made by email could be recorded more clearly in the paper records.

- No requirements.
- No recommendations.

Quality Statement 1.5

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

Grade awarded for this statement: 4 - Good

A care record was set up for each service user on admission. These records included information about:

- the initial referral
- assessments carried out
- care plans
- reviews, and
- progress notes.

Assessments were carried out with service users within 2 weeks of admission. We saw a range of assessments that included:

- psychological assessments
- physical assessments
- speech and language assessments, and
- nutrition and skin assessments.

Care plans were in place for all aspects of care required by each service user, including physical, psychological, emotional, social and spiritual needs. We saw that care plans were individualised and developed from the information gathered through assessment. We saw that service users and families were involved in developing the care plans and programmes.

We looked at five service user care records and saw that these were up to date and care was well documented.

Care was planned and delivered by a multidisciplinary team made up of:

- a consultant neuropsychologist
- nursing and rehabilitation support workers
- an occupational therapist
- a speech and language therapist, and
- a physiotherapist.

We saw good communication between the team and care was regularly reviewed with the service user and their family.

The multidisciplinary team discussed service users at the weekly clinical team meeting. We saw notes from these meetings that showed how the service user was consulted about their care.

Appropriate documentation was in place for services users detained under the Mental Health (Care & Treatment) (Scotland) Act 2003. Service users were also reminded of their rights under the Act and this was recorded in their notes.

The provider had a national mental health act manager. This manager visited the service monthly to review documentation for service users detained under the 2003 Act. Reports from these visits included some required actions. We saw these reports and the manager discussed how actions identified in the report had been addressed. For example, additional auditing of documentation had been implemented to make sure records were up to date.

Rehabilitation support workers used folders, kept in service user rooms, to document daily care and any sessions delivered to service users. The notes we looked at in these folders were up to date and gave information about the care delivered, as well as any interventions, such as repositioning.

The service used an audit programme to monitor the quality of care records. We saw that any gaps or issues in the quality of note-keeping were addressed.

Service users we spoke with told us that they felt very much involved in their care.

Areas for improvement

Service users developed goals at their review meetings which were displayed in their bedrooms. However, in one service user's bedroom, the goals displayed on the wall were out of date. The service should consider including a section for 'documentation maintained in service users' rooms' in its audit of records to make sure information is consistent with their care plans.

Service user care records included many different care plans from individual members of the multidisciplinary team. Each care plan only covered the care given by that team member's own discipline, such as speech and language. However, this made it difficult to quickly see in the care record what care plans were in place for a service user. The service could consider including a summary in the service user care record listing which care plans were in place, for staff to quickly reference.

We found that some service user care records were very large, where all disciplines completed separate progress notes. This meant that up to five separate progress notes might need to be reviewed to check the progress of a service user. The volume of

documentation made it difficult to quickly assess the service user's progress. The management team told us this was an area they were looking to improve.

- No requirements.
- No recommendations.

Quality Theme 2 – Quality of environment

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 4 - Good

The information provided in Quality Statement 1.1 is also relevant here.

A service user had joined the health and safety committee and was involved with environmental audits with the maintenance staff. Some service users had personalised their bedrooms. This helped to make the accommodation more homely.

Areas for improvement

Service users had been able to give their view in helping decide the type of new flooring and some other redecoration in the hospital. For example, they could choose whether the new flooring should be carpet or lino, or if they wanted the walls painted or not. However, this could have been improved by including samples or asking more questions such as which kind of flooring should be used or which colour the walls should be. This would allow service users to have more influence in improving the quality of the environment in the service.

A new extension was being built at the time of the inspection but no plans were available for families and service users to view and comment on.

Greater efforts should be made to involve and gather feedback from service users and families on changes being made to the environment including the new extension (see recommendation b).

- No requirements.

Recommendation b

- We recommend that the service should develop ways to gather and record feedback from service users and their families about the environment.

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very good

The unit was purpose built and all bedrooms were single with ensuite bathrooms. Many features promoted a safe environment, including:

- overhead heating
- security coded doors, and
- staff and service user alarm systems.

Reception was manned during office hours and there were signing-in procedures for visitors. Contractors were supervised when carrying out work in the building. The service was clean and we spoke with housekeeping staff who showed us cleaning schedules that detailed their work each day.

A maintenance team responded to requests from staff and service users and managed on-site contractors. We looked at the maintenance records that showed requests were addressed promptly.

The service was spacious with wide corridors. This made movement around the building easy, particularly when using mobility equipment.

To promote service users' independence and responsibility, they were able to have a key for their room following a risk assessment. We saw that service users were able to make their rooms more homely by bringing in personal items.

The hospital had a range of lounges, quiet rooms, choice of dining rooms and facilities for service users to independently prepare and enjoy snacks and refreshments. A family room was also available which provided private, child-friendly space for visiting families with young children. Baby-changing facilities were also available.

An 'internet café' area had been created for service users. This gave them supervised access to the internet and other computer based activities. We saw this area was well used and enjoyed by service users.

There were three external courtyard areas for service users; one was used as a smoking area.

All service users had their own individual evacuation plan in place in case of an emergency.

A health and safety committee met regularly. Discussions included audits, accidents and incidents, and any building management issues. In minutes of the meetings, we saw that hazards, maintenance issues and problems in the environment were discussed and actioned.

We saw that the service had replaced old hand washing sinks with new ones that met current infection control guidelines.

The service had cleanliness champions who were staff specifically identified to promote good hygiene practices in the service.

We spoke with service users who told us they were happy with the environment and felt comfortable and safe.

Areas for improvement

The reception area was quite dull and may benefit from brighter lighting.

We looked at an accessibility audit completed for one service user in September 2014. This tool helped assess the building for potential barriers to that service user's rehabilitation. The service should consider including this in the audit schedule so it can be carried out more often.

The service was building an additional facility next to the hospital which meant it had to move the external gym equipment. It was planned to relocate this in one of the courtyards. It would benefit the service users if this could be completed as soon as possible.

We saw that the garden areas were not particularly well maintained and provided little stimulation for service users. The manager told us about a plan to develop a sensory garden for service users.

The manager told us that they were looking to replace the current assisted baths with a more domestic type preferred by service users and in line with rehabilitation goals.

- No requirements.
- No recommendations.

Quality Theme 3 – Quality of staffing

Quality Statement 3.1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 5 - Very good

The information provided in Quality Statement 1.1 is also relevant here.

Service users were involved in recruiting new staff. Staff told us that they had asked service users to write two suitable questions. In the first part of the interview with the prospective member of staff, a service user asked these two questions. We saw a copy of these questions documented in the staff file. It was signed by the service user with their comments and answers to their questions. This demonstrated an inclusive approach to recruitment which involved and valued input from service users.

We saw lots of thank you letters and compliments to the staff as examples of positive feedback.

Areas for improvement

The information provided in Quality Statement 1.1 is also relevant here.

- No requirements.

- No recommendations.

Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 5 - Very good

At the last inspection, we commented positively on work that had been done to ensure staff knew and understood the model of care. This is the framework used by the service to inform the delivery of care. It is important that staff are aware of the model used as this helps them to deliver care which is consistent and guided by best practice.

On this inspection we checked to see how this work was being sustained. Staff told us the DVD produced explaining the model was used as a yearly reminder to staff and also for new staff on induction.

Management had developed a local observation tool. They spoke about the benefits of observing staff over short periods before feeding back to the staff member what they saw in their interactions with service users. This had helped to emphasise the model of care and make sure staff interactions with service users were appropriate and beneficial.

We carried out interviews with seven staff members. They all told us they were positive about their work, well supported and had good access to training and supervision.

In the four staff files we inspected, we found evidence of regular supervision sessions documented between staff members and their clinical line manager or service line manager.

Staff meetings were held regularly and we saw minutes of these. This allowed different staff groups to discuss aspects of the service and any improvements that were needed.

New staff were given a 12-week induction. We saw completed workbooks in the staff files. These were due to be replaced with a competency-based induction workbook. We will check progress with this at the next inspection.

A comprehensive multidisciplinary team was available to meet the needs of service users. Membership of this team was constantly reviewed. Changes had been made to staff roles and staff stability had improved over the last year. This was evidenced by using fewer agency staff and by staff reports of reduced staff turnover.

The manager used a database to record staff attendance at training sessions. Staff were required to attend a number of topics every year or every two years. The sessions were either face-to-face or used DVDs or e-learning. This system allowed the manager to make sure all staff kept up to date with essential topics. Additional training was discussed with staff at their supervision sessions.

Staff told us they were encouraged to attend conferences and be involved in academic research.

The service had a system to check professional registers. The dates of the printed-out confirmations showed these checks were happening regularly for all staff groups. These professional registers included:

- Nursing and Midwifery Council
- Health and Care Professional Council, and
- General Medical Council.

Areas for improvement

Although the number of service users discharged over the last year had improved, staff told us that discharges could sometimes be difficult. This was due to the lack of appropriate accommodation, care and support services in the community. Some service users were at Graham Anderson House longer than they wanted to be due to delayed discharge. The multidisciplinary team did not include a discharge co-ordinator. This type of post should be considered (see recommendation c).

The nurses employed by the service were from a variety of backgrounds. While their qualifications and experience were appropriate and of benefit to the service, further specialisation could be explored. The opportunity for nurses to complete further qualifications in rehabilitation should be explored (see recommendation d).

A number of staff had been allocated 'champion' roles. This was intended to support best practice in different subject areas, such as dignity, participation, or clinical issues, such as infection control or epilepsy. In practice, we could not see how this was happening and the manager agreed that further definition of these roles was needed. We will follow this up at future inspections.

- No requirements.

Recommendation c

- We recommend that the service should consider the appointment of a discharge co-ordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine, 2009.

Recommendation d

- We recommend that the service should develop an action plan to address the need for nurses to complete rehabilitation training.

Quality Theme 4 – Quality of management and leadership

Quality Statement 4.1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 4 - Good

The information provided in Quality Statement 1.1 is also relevant here.

There was one question in the family satisfaction questionnaire about management and leadership. This provided limited feedback on the subject.

A focus group of service users met in September 2014 to discuss the service development plan. The minutes showed some involvement of service users in making future plans for the service. However, the number of attendees was not listed and so it was not possible to see how meaningful this meeting was.

Areas for improvement

Evidence of involvement in service development could be encouraged and evidenced more clearly.

More specific feedback from service users and families on the subject of management and leadership could be collected and responded to.

Involving service users and family representatives more widely on committees and at Board level could be considered.

- No requirements.
- No recommendations.

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

The service submitted a detailed self-assessment to Healthcare Improvement Scotland. The service completes a self-assessment each year which provides a measure of how it has assessed itself against the quality themes and National Care Standards. The service gave us very good quality information that we were able to verify during our inspection.

The service had systems and processes in place to monitor and improve quality. These included:

- accident and incident reports
- audits
- care reviews
- complaints records and feedback
- provider visits
- service user meetings and reviews
- staff meetings, and
- surveys.

All information gathered through the various feedback systems was reviewed for patterns and trends, and used to monitor how the service was performing. All these indicators were discussed at the clinical governance meeting held every 3 months. A schedule of meetings included:

- clinical team meetings
- health and safety meetings
- review meetings
- service user meetings, and
- staff meetings.

We saw that meetings were documented and included discussion on how the service was performing, and service user and family feedback.

An audit schedule was in place and covered all areas of the service, including the environment, medication, documentation and infection control. We saw these were completed and were used to identify any areas that could be improved.

The provider had a corporate quality assurance department. A quality advisor carried out a quality review of the service each year which included feedback from service users and families. Following this visit, a report was sent to the service and an action plan was put in place if issues were identified. The provider monitored the service's performance through visits to the hospital every 2 months.

The provider also collected data to measure outcomes for service users, and this was used across all services to measure the quality of care. This information was published in an annual report and included areas, such as:

- average stays
- family satisfaction
- needs of service users on admission and then on discharge, and
- referrers and commissioners satisfaction levels.

To further develop the quality of the service, a quality co-ordinator had been appointed to support and assist the manager in quality assurance and improvement activities.

The provider has achieved external accreditation with the Commission for the Accreditation of Rehabilitation Facilities (CARF), and Investors in People (IIP).

The consultant neuropsychologist has achieved two awards for innovation in relation to the use of assistive technology for people with brain injury.

Recent improvements have included the appointment of a vocational advisor who co-ordinated placements for service users. Feedback and results in securing placements for service users were very positive.

The service was building new accommodation next to the hospital. This will provide a facility for service users who have received rehabilitation and treatment at Graham Anderson House and require discharge planning and support to move on. It was planned that the unit will be opened in August 2015.

To improve communication with stakeholders, meetings with NHS Greater Glasgow and Clyde had been established.

Areas for improvement

We looked at the action plan the manager used to plan actions in response to issues picked up through audits and surveys. We found no place to record progress and this made it difficult to track how actions were progressing (see recommendation e).

We looked at policies and procedures and noted that some local policies had not been reviewed for some time (see recommendation f).

- No requirements.

Recommendation e

- We recommend that the service should ensure that the action plan records progress of activities carried out to address gaps identified in the audits.

Recommendation f

- We recommend that the service should ensure all policies and procedures are reviewed regularly.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 0.2	
Requirements	
None	
Recommendation	
We recommend that the service should:	
a	update the website to ensure information and reports about the service are up to date (see page 9). National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

Quality Statement 2.1	
Requirements	
None	
Recommendation	
We recommend that the service should:	
b	develop ways to gather and record feedback from service users and their families about the environment (see page 13). National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

Quality Statement 3.3

Requirements

None

Recommendations

We recommend that the service should:

- c** consider the appointment of a discharge co-ordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine 2009 (see page 17).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

- d** develop an action plan to address the need for nurses to complete rehabilitation training (see page 17).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

Quality Statement 4.4

Requirements

None

Recommendations

We recommend that the service should:

- e** ensure that the action plan records progress of activities carried out to address gaps identified in the audits (see page 20).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

- f** ensure all policies and procedures are reviewed regularly (see page 20).

National Care Standards – Independent Hospitals (Standard 12.1 – Clinical effectiveness)

Appendix 2 – Grading history

Inspection date	Quality of information	Quality of care and support	Quality of environment	Quality of staffing	Quality of management and leadership
11-12/03/2014	Not assessed	4 - Good	Not assessed	4 - Good	4 - Good
7 and 12/08/2013	Not assessed	2 - Weak	Not assessed	3 - Adequate	3 - Adequate
11/10/2012	5 - Very good	5 - Very good	5 - Very good	5 - Very good	5 - Very good

Appendix 3 – Who we are and what we do

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

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

Our work reflects the following legislation and guidelines:

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

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

Our philosophy

We will:

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net

Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

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

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

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

The complete inspection process is described in Appendix 5.

Types of inspections

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

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

Grading

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

We grade each heading as follows:

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

We do not give one overall grade for an inspection.

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

For example:

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

Quality Statement 1.1 – 3 - Adequate

Quality Statement 1.2 – 5 - Very good

Quality Statement 1.5 – 5 - Very good

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

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

Follow-up activity

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

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

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

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

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx

Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

<p>Before inspection</p> <p>The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.</p> <p>We review the self-assessment submission to help inform and prepare for on-site inspections.</p>	 <p>Before</p>
<p>During inspection</p> <p>We arrive at the service and undertake physical inspection.</p> <p>We have discussions with senior staff and/or operational staff, people who use the service and their carers.</p> <p>We give feedback to the service's senior staff.</p> <p>We undertake further inspection of services if significant concern is identified.</p>	 <p>During</p>
<p>After inspection</p> <p>We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org</p> <p>We require services to develop and then update an improvement action plan to address the requirements and recommendations we make. We check progress against the improvement action plan.</p>	 <p>After</p>

Appendix 6 – Terms we use in this report

Terms and explanation

provider	A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.
service	A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium (SMC) are part of our organisation.